

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2000 08:00 AM

Secretary of State

DOCUMENT # **H52686**

1. Entity Name

BANKERS RISK MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

P.O. BOX 15707
10051 FIFTH ST. NORTH
ST. PETERSBURG
33733

FL

US

Mailing Address

P.O. BOX 15707
10051 FIFTH ST. NORTH
ST. PETERSBURG
33733

US

FL

2. Principal Place of Business

360 CENTRAL AVENUE

3. Mailing Address

360 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

4. FEI Number

59-2711126

Applied For

Not Applicable

Zip

33701

Country

US

Zip

33701

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELANO G. KRISTIN
360 CENTRAL AVENUE

ST. PETERSBURG
33701

FL

US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/30/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME HOWARD VICKIE W
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE V ☒ Change ☐ Addition
NAME LUNDY ROBERT NV
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE DS ☐ Delete
NAME DELANO, G. KRISTIN
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DS ☒ Change ☐ Addition
NAME DELANO G. KRISTIN DS
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE DEVP ☐ Delete
NAME MENKE ROBERT G
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DP ☒ Change ☐ Addition
NAME MENKE ROBERT GDP
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE DC ☐ Delete
NAME MENKE ROBERT M.
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DC ☒ Change ☐ Addition
NAME MENKE ROBERT MDC
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE DCP ☐ Delete
NAME HUSSEMAN, EDWIN C.
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DT ☒ Change ☐ Addition
NAME HUSSEMAN EDWIN CDT
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME MEEHAN, DAVID K.
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☒ Change ☐ Addition
NAME MEEHAN DAVID KD
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. KRISTIN DELANO

DS 03/30/2000

DIFRANCESCO, PAUL F. V
360 CENTRAL AVENUE

ST. PETERSBURG, FL 33701