

2002 UNIFORM BUSINESS REPORT (UBR)

0441495 AV

DOCUMENT # H52686

1. Entity Name
BANKERS RISK MANAGEMENT CONSULTANTS, INC.

FILED

02 APR 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701
US

Mailing Address
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2711126 Applied For
Not Applicable

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 FL 33701

Name Robert G. Southey
Street Address (P.O. Box Number is Not Acceptable)
360 Central Ave.
City St. Petersburg, FL Zip Code 33701

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 Robert G. Southey, Esq. 3/15/02
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 D ☐ Delete
NAME MEEHAN, DAVID K
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition
NAME Haire, Nancy C.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DT ☐ Delete
NAME HUSSEMAN, EDWIN C
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE VP, AS ☐ Change ☒ Addition
NAME Snyder, David B.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL

TITLE DC ☐ Delete
NAME MENKE, ROBERT M
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE P, D, C ☒ Change ☐ Addition
NAME 800005389678--5
STREET ADDRESS -04/30/02--01020--001
CITY-ST-ZIP ***7972.75 ****150.00

TITLE DP ☒ Delete
NAME MENKE, ROBERT G
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE S ☐ Change ☒ Addition
NAME Southey, Robert G.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☒ Delete
NAME DIFRANCESCO, PAUL F
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Nancy C. Haire 3/15/02 727 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Daytime Phone #

CR2E034 (9/01)