

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06802

1. Entity Name

STI RISK MANAGEMENT CO.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90070 025 ***150.00

Principal Place of Business

Mailing Address

~~5875 LANDERBROOK DRIVE~~
~~SUITE 250~~
~~MAYFIELD HEIGHTS OH 44124~~
~~US~~

~~5875 LANDERBROOK DRIVE~~
~~SUITE 250~~
~~MAYFIELD HEIGHTS OH 44124-6502~~
~~US~~

2. Principal Place of Business

3. Mailing Address

One Chagrin Highlands

One Chagrin Highlands

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2000 Auburn Dr., Suite 400

2000 Auburn Dr., Suite 400

City & State

City & State

Beachwood, Ohio

Beachwood, Ohio

Zip

Zip

44122 USA

44122 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1387033

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIRK, MARK A 5875 LANDERBROOK DRIVE, SUITE 250 MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KACKLEY, DEBRA L 5875 LANDERBROOK DRIVE, SUITE 250 MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD REGA, DAVID J 5875 LANDERBROOK DRIVE, SUITE 250 MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMOND, DOUGLAS 27909 MARQUETTE BLVD NORTH OLMSTED FL 44070-2844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEMANN, GLEN W 5875 LANDERBROOK DRIVE, SUITE 250 MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOELLNER, WILLIAM M 5875 LANDERBROOK DRIVE, SUITE 250 MAYFIELD HEIGHTS OH 44124	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Chagrin Highlands 2000 Auburn Drive, Suite 400 Beachwood, OH 44122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Chagrin Highlands 2000 Auburn Drive, Suite 400 Beachwood, OH 44122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

David J. Rega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

216-896-1411
Daytime Phone #

CR2E034 (9/99)