

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:24

DOCUMENT # **K15092 (5)**  
1. Corporation Name  
**UNITED RISK FACILITIES, INC.**

Principal Place of Business Mailing Address  
**390 N. ORANGE AVE. 390 N. ORANGE AVE.**  
**#1100 #1100**  
**ORLANDO FL 32801 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/09/1988** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-2557229** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,  
390 N ORANGE AVE  
SUITE 1100  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS FARRELL, PETER 394 BOB WHITE DRIVE SARASOTA FL 34236</b>
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an affidavit with an addressee.

SIGNATURE *Peter Farrell* **PETER FARRELL, President** 1/16/95 873-952-0517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BROAD AND CASSEL**  
**ATTORNEYS AT LAW**

MURRAY D. BRAR, P.A.  
MELI BRAD, P.A.  
JEFFREY A. BRUCE, P.A.  
PATRICIA LEWIS, P.A.  
C. KIM BRIDG, P.A.  
DEVIDO BRIDG, P.A.  
ROBERT D. BAYTON, P.A.  
MICHAEL R. McFARLAND, P.A.  
C. DAVID BROWN, II, P.A.  
DAVID J. BERGER, P.A.  
F. VERNON BROWITT  
MAURIN S. CASSEL, P.A.  
JAMES S. CASSEL, P.A.  
CLIFFORD I. BENTZ, P.A.  
ARVIN J. JAFFE, P.A.  
M. STEPHEN TURKEL, P.A.  
RALPH C. DAVILLO, P.A.  
DOUGLAS L. MANGHEMER, P.A.  
MARTIN S. FEIN, P.A.  
KHAL KNOBLER, P.A.  
MICHAEL A. DRISK, P.A.  
ANTHONY W. PALMA, P.A.  
ANDREW D. EAFEN

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ALAN S. LINDMAN, P.A.  
GABRIEL L. DIPIERATO, P.A.  
ROBERT E. MILLER, P.A.  
ROBERT T. ROSEN, P.A.  
ANDREW COTYEN, P.A.  
KELLY OVERTREY JOHNSON, P.A.  
RANDAL M. ALLWOOD, P.A.  
JAMES J. WEISLER, P.A.  
JEFFREY S. GORDON  
ANDREW S. THOMAS, P.A.  
STEVEN A. BELCH, P.A.  
MARK D. TUCKER  
THEODORE C. TAUB, P.A.  
PETER M. CARILLO, P.A.  
JACK R. ELLIOTT, P.A.

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JAY ADAMS  
DANN LANEFORD BOWLING  
STEVEN BILSON  
AMY S. SCHLOSSER  
PAUL AIELLO  
DEBORAH H. JOHNSON  
RONALD M. GAGNE  
REINHARD H. MILLAN  
LEONIS SCHILLER  
SANDRA C. GONDON  
JEFFREY J. EUTER  
BARBARA DE CASTILLO  
CERYL KAPLAN  
MICHAEL S. KERSCHER  
ANNE NOVICK BRANAN  
ROY S. KOSMET  
MICHAEL P. HANSEN \*  
ANDREW L. MANTONI  
C. CHRISTOPHER KILLER  
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FOX LAURINCH  
GARY S. LISHMAN

DAVID J. FOWLER  
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ANDREW A. BRICH  
BARRY S. STREIBER  
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LINDA C. FRAZIER  
LAURA M. HOLM  
STEVE WASSERSTEIN  
MARIA C. MONTEGROSSO  
MICHAEL MANTHEI  
STEVEN M. STARR  
T. KEVIN TAYLOR  
LAWREN J. PERLING

\* Not Admitted to Florida

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OF COUNSEL  
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WILLIAM M. BOWLAND, JR., P.A.  
WANDA L. BROWN  
ALAN H. ARSHON \*  
ALAN M. GIBLACH  
HOWARD M. RUDOLPH

January 27, 1995


Division of Corporations  
Annual Reports  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: United Risk Facilities, Inc.

Dear Sir/Madam:

Enclosed for filing, please find the completed 1995 Annual Report for United Risk Facilities, Inc., together with check number 0457 in the amount of \$200.00 representing the filing fee for said report.

Sincerely,

  
Helen Brock Ford  
Paralegal

/hbf  
Enclosures