2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 23, 2000 8:00 am Secretary of State DOCUMENT # **K15092** 1. Entity Name UNITED RISK FACILITIES, INC. 02-23-2000 90014 031 ***150.00 Principal Place of Business Mailing Address 390 N: ORANGE AVE. PO BOX 4961 ORLANDO FL 32802-4961 #1100 C0021670 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 3333 Charles MacDonald Drive 3333 Charles MacDonald Drive Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2557229 Sarasota, Florida Sarasota, Florida Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired 34240 34240 Sarasota Sarasota Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Don E. Roberts **B&C CORPORATE SERVICES OF CENTRAL FLORIDA.** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVE 3212 South Gate Circle **SUITE 1100** ORLANDO FL 32801 Zip Code 34239-5514 Sarasota, Florida 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. 2 February 8, 2000 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPS DPST ☐ Addition ☐ Delete TITLE FARRELL, PETER FARRELL, PETER NAME NAME DRIVE 3333 CHARLES MACDONALD STREET ADDRESS 394 BOB WHITE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ARASOTA, FL. 34240 ☐ Change ☐ Addition TITLE TITLE **X** Delete FARRELL, PETER NAME NAME STREET ADDRESS STREET ADDRESS 394 BOB WHITE DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS 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

dress, with all other like empowered

changed, or on an attachment with an

SIGNATURE: