

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90014 031 \*\*\*150.00

**DOCUMENT # K15092**

1. Entity Name  
**UNITED RISK FACILITIES, INC.**

Principal Place of Business Mailing Address  
**390 N. ORANGE AVE. PO BOX 4961**  
**#1100 ORLANDO FL 32802-4961**  
**ORLANDO FL 32801 US**

C0021670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**3333 Charles MacDonald Drive 3333 Charles MacDonald Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Sarasota, Florida Sarasota, Florida**

4. FEI Number **59-2557229** Applied For  
 Not Applicable

Zip Country Zip Country  
**34240 Sarasota 34240 Sarasota**

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**

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,**  
**390 N ORANGE AVE**  
**SUITE 1100**  
**ORLANDO FL 32801**

Name **Don E. Roberts**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3212 South Gate Circle**  
 City **Sarasota, Florida FL** Zip Code **34239-5514**

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 *Don E. Roberts* **February 8, 2000** 2  
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	<b>DPS FARRELL, PETER</b> <b>394 BOB WHITE DRIVE SARASOTA FL 34236</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FARRELL, PETER</b> <b>394 BOB WHITE DRIVE SARASOTA FL 34236</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST FARRELL, PETER</b> <b>3333 CHARLES MACDONALD DRIVE SARASOTA, FL 34240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter Farrell* **Jan 25, 2000** 941/952-0076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #  
**PETER FARRELL, PRESIDENT**

CR2E034 (9/99)