2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # K91286 Mar 27, 2000 8:00 am 1. Entity Name RISCORP SERVICES, INC. **Secretary of State** 03-27-2000 90112 003 ***150.00 Principal Place of Business Mailing Address ONE SARASOTA TOWER ONE SARASOTA TOWER 2 N TAMIAMI TRL. STE 608 2 N TAMIAMI TRL, STE 608 SARASOTA FL 34236 SARASOTA FL 34236-5559 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0166503 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent VAUGHAN-BIRCH, L. NORMAN Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVE. SARASOTA FL 34236 Zip Code FI. 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete TITLE DAWSON, FREDEICK M MARKE NAME STREET ADDRESS STREET ADDRESS 2 N TAMIAMI TRL, STE 608 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Valter E. Riehemann Change ☐ Addition ☐ Delete TITLE TITLE RIEHEMANN, WALTER E NAME 2N. Tamiami Trail #608 2N TAMIAMI TRL, STE 608 STREET ADDRESS STREET ADDRESS Sara 507a, FL 34236 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP □ Change Addition — Delete TITLE: TITLE REVELL, WALTER L NAME NAME 2 N TAMIAMI TRL, STE 608 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GREENE, GEORGE E III NAME NAME 2 N TAMIAMI TRL. STE 608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete GOODE, SEDDON J NAME NAME 2 N TAMIAMI TRL, STE 608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change Addition TITLE Delete TITLE. Edward W. BUTTHER IV NAME NAME 2 N. Tamiami Trail #608 STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 true 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.