

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -9 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L95000000778**

1. Entity Name  
**SAF\*RISK L.C.**

Principal Place of Business  
**411 BATH CLUB BLVD SOUTH  
N. REDINGTON BEACH FL 33708**

Mailing Address  
**411 BATH CLUB BLVD SOUTH  
N. REDINGTON BEACH FL 33708-1535**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3344580**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, JOHN U  
411 BATH CLUB BLVD SOUTH  
N. REDINGTON BEACH FL 33708**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	<b>MGRM BELL, JOHN U</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>411 BATH CLUB BLVD SOUTH</b>	
CITY-ST-ZIP	<b>N. REDINGTON BEACH FL 33708</b>	
TITLE NAME	<b>MGRM FERENC, SUSAN A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>411 BATH CLUB BLVD SOUTH</b>	
CITY-ST-ZIP	<b>N. REDINGTON BEACH FL 33708</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>000003278640--2</b>
CITY-ST-ZIP	<b>-06/06/00--01087--003</b>
	<b>*****55.00 *****55.00</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE SECURED Date: 5-1-00 Daytime Phone #: 727-393-7399

C-1 083 (3/95)