

2001 UNIFORM BUSINESS REPORT (UBR)

0018412 AF

DOCUMENT # L95000000778

1. Entity Name
SAF*RISK L.C.

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]
City & State: [Blank]
Zip: [Blank] Country: [Blank] Zip: [Blank] Country: [Blank]

4. FEI Number: **59-3344580**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] **FL** Zip Code: [Blank]

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: MGRM Delete
NAME: BELL, JOHN U.
STREET ADDRESS: 411 BATH CLUB BLVD SOUTH
CITY-ST-ZIP: N. REDINGTON BEACH FL 33708

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: MGRM Delete
NAME: FERENC, SUSAN A
STREET ADDRESS: 411 BATH CLUB BLVD SOUTH
CITY-ST-ZIP: N. REDINGTON BEACH FL 33708

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Delete
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank] Change Addition
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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: John U. Bell S-1-01 727-393-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)