

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003212

1. Entity Name  
INDEPENDENT COLLEGES AND UNIVERSITIES RISK MANAG

FILED

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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business: 201 SOUTH ORANGE AVENUE, SUITE 475 ORLANDO FL 32801  
Mailing Address: 201 SOUTH ORANGE AVENUE, SUITE 475 ORLANDO FL 32801-3419



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3624619		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
TOBEY, GLENN 201 SOUTH ORANGE AVENUE, SUITE 475 ORLANDO FL 32801				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CZERNIEC, TIMOTHY H			NAME			
STREET ADDRESS	11300 NORTHEAST SECOND AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33161			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNRO, JAMES W			NAME			
STREET ADDRESS	3400 GULF TO BAY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33759-4595			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTREM, RICHARD L			NAME			
STREET ADDRESS	150 WEST UNIVERSITY BLVD.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEER, HOWARD			NAME			
STREET ADDRESS	3301 COLLEGE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33314-7796			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, MICHAEL H			NAME			
STREET ADDRESS	901 SOUTH FLAGLER DR.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33416-4708			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLT, DONALD L			NAME			
STREET ADDRESS	2700 NORTH TAMiami TRAIL			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			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: *Timothy H. Czerniec* **TIMOTHY H. CZERNIEC** 3-8-00 305 899 3050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)