

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003212

1. Entity Name
INDEPENDENT COLLEGES AND UNIVERSITIES RISK MANAG

FILED

00 MAR 14 PM 1:35

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR CZERNIEC, TIMOTHY H 11300 NORTHEAST SECOND AVENUE MIAMI SHORES FL 33161	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003193711--2 -04/03/00--01118--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUNRO, JAMES W 3400 GULF TO BAY BLVD. CLEARWATER FL 33759-4595	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARTREM, RICHARD L 150 WEST UNIVERSITY BLVD. MELBOURNE FL 32901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEER, HOWARD 3301 COLLEGE AVENUE FORT LAUDERDALE FL 33314-7796	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, MICHAEL H 901 SOUTH FLAGLER DR. WEST PALM BEACH FL 33416-4708	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOLT, DONALD L 2700 NORTH TAMiami TRAIL SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **DATE:** 3-8-00 **DAYTIME PHONE #:** 305 899 3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)