1 of 2

2004 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
Annual report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -9 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003212

1. Limited Liability Company's Name

Independent Colleges And Universities Risk Management Association, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
7380 Sand Lake Road		7380 Sand Lake Road	
Suite, Apt. #, etc. Suite 390		Suite, Apt. #, etc. Suite 390	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32819	Country Orange	Zip 32819	Country Orange

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 59-3624619 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Tobey, Glenn

400039535994
07/26/04--01069--003 **50.00

Street Address (P.O. Box Number is Not Acceptable): 7380 Sand Lake Road

Suite, Apt. #, Etc.: Suite 390

City: Orlando | State: FL | Zip Code: 32819

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Glenn R. Tobey Date 7/7/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	See Attached List		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Timothy Hill Date 6/25/04 Daytime Phone # 941-359-7515

Typed or printed name of signing Managing Member/Manager Timothy Hill

2282

FILED

04 JUL -9 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #L99000003212

INDEPENDENT COLLEGES AND UNIVERSITIES RISK MANAGEMENT, INC.

10. Name and Street Addresses of Managing Members/Managers				
Titles	Name of Managing Members/ Manager		Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Barry University	Czerniec, Timothy	11300 Northeast Second Avenue	Miami Shores, FL 33161
MGR	Clearwater Christian College	Livingston, Randy	3400 Gulf-to-Bay Blvd	Clearwater, FL 33759
MGR	Florida Institute of Technology	Armul, Jack	150 West University Blvd	Melbourne, FL 32901
MGR	Nova Southeastern University	Neer, Howard	3301 College Avenue	Ft. Lauderdale, FL 33314
MGR	Palm Beach Atlantic University	McEniry, Allen	901 South Flagler Drive	West Palm Beach, FL 33416
MGR	Ringling School or Art & Design	Hill, Timothy	2700 North Tamiami Trail	Sarasota, FL 34134
MGR	Southeastern College	Ready, Billy	1000 Longfellow Blvd	Lakeland, FL 33801