## -2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # M90742 RISK MANAGEMENT INSURANCE, INC. 04-07-2001 90018 007 \*\*\*150.00 Principal Place of Business Mailing Address C/O ROBERT L. GERRY C/O ROBERT L. GERRY 12791 WORLD PLAZA LANE, POB 6187 12791 WORLD PLAZA LANE, POB 6187 FT. MYERS FL 33911-3187 FT. MYERS FL 33911-3187 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0062445 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 33911-6187 Fee Required 33911-6187 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERRY, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 12791 WORLD PLAZA LANE SUITE A FT. MYERS FL 33907 Zip Code City FI 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE GERRY, ROBERT L. NAME NAME STREET ADDRESS 12657 NEW BRITTANY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE " · Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the same legal of the same appears in Block 11 or Block 12 if the same legal of the 13. I hereby certify that the information s indicated on this report or supplemental reof the corporation or the receiver or truste changed, or on an attachment wit

SIGNATURE:

Daytime Phone #