

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000192

1. Entity Name

RISCORP FOUNDATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90114 035 ***150.00

Principal Place of Business	Mailing Address
ONE SARASOTA TOWER 2ND N TAMiami TRL SUITE 410 SARASOTA FL 34236 US	P.O. BOX 728 SARASOTA FL 34230-0728 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 1924 S. Osprey Ave. Ste 200	Suite, Apt. #, etc.
City & State Sarasota FL	City & State

Zip 34239	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0580100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCURDY, JEFFREY R ONE SARASOTA TOWER, 2ND N TAMiami TRL SUITE 410 SARASOTA FL 34236	Name 1924 South Osprey Ave. Suite 200 City Sarasota FL Zip Code 34239

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, WILLIAM D ONE SARASOTA TOWER, 2 N TAMiami TR, #410 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1924 S. Osprey Ave. Suite 200 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, CARLA T ONE SARASOTA TOWER, 2 N TAMiami TRL, #410 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1924 S. Osprey Ave. Suite 200 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV MCCURDY, JEFFREY R ONE SARASOTA TOWER, 2 N TAMiami TRL, #410 SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP McCurdy, Jeffrey R. 1924 S. Osprey Ave. Suite 200 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/T L. Scott Merritt 1924 S. Osprey Ave. Ste 200 Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94-316-6800

CR2E037 (9/99)