

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000192

1. Entity Name

RISCORP FOUNDATION, INC.

Principal Place of Business

1924 S OSPREY AVE
STE 200
SARASOTA FL 34239
US

Mailing Address

P.O. BOX 728
SARASOTA FL 34230
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

Country

34230

USA

4. FEI Number

65-0580100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCURDY, JEFFREY R
1924 S OSPREY AVE
SUITE 200
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1924 S OSPREY AVE. SUITE 200
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE D
NAME GRIFFIN, CARLA T
STREET ADDRESS 1924 S OSPREY AVE. SUITE 200
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE TSV
NAME MCCURDY, JEFFREY R
STREET ADDRESS 1924 S OSPREY AVE SUITE 200
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE ST
NAME MERRITT, SCOTT L
STREET ADDRESS 1924 S OSPREY AVE SE 200
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R. McCurdy

Date

Daytime Phone #

941-316-6800

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90087 015 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)