

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90970 038 \*\*\*\*61.25

**DOCUMENT # N98000003272**

1. Entity Name

**NORTH FLORIDA/ALABAMA CHAPTER, PUBLIC RISK AND INSURANCE MANAGEMENT ASSOCIATION, INC. (PRIMA)**



Principal Place of Business

**3220 DEER RIDGE ROAD  
CANTONMENT FL 32533**

Mailing Address

**3220 DEER RIDGE ROAD  
CANTONMENT FL 32533  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3506764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BURCHETT, BILL  
3220 DEER RIDGE ROAD  
CANTONMENT FL 32533**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCOOL, RICHARD C	
STREET ADDRESS	ONE ENERGY PLACE	
CITY-ST-ZIP	PENSACOLA FL 32520-0223	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLZSCHAH, L	
STREET ADDRESS	601 NORTH PEARL	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRAHON, BRUCE W	
STREET ADDRESS	180 GOVERNMENTAL CTR	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURCHELT, BILL	
STREET ADDRESS	3220 DEERRIDGE RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAFENBACH, JOHN F	
STREET ADDRESS	205 GOVERNMENT STREET	
CITY-ST-ZIP	MOBILE AL 36644	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, GLENN	
STREET ADDRESS	205 GOVERNMENT ST.	
CITY-ST-ZIP	MOBILE, AL 36644	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCHELT, BILL	
STREET ADDRESS	3220 DEERRIDGE RD.	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFENBACH, JOHN F.	
STREET ADDRESS	205 GOVERNMENT ST.	
CITY-ST-ZIP	MOBILE, AL 36644	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULROY, TOM	
STREET ADDRESS	180 GOVERNMENTAL CENTER	
CITY-ST-ZIP	PENSACOLA, FL 32521	

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**

2/28/03 8504351731

CR2E037 (10/02)

Attachment

70023862

#N98600003272

City of  
**Pensacola**



Office of the  
Director of Risk Management

America's First Settlement  
And Most Historic City

February 28, 2003

**VIA REGULAR MAIL**

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: 2003 Not-For-Profit Corporation  
Uniform Business Report (UBR)

To Whom It May Concern:

Enclosed is the subject report for FEI Number 59-3506764, North Florida/Alabama Chapter, Public Risk and Insurance Management Association, Inc. (PRIMA).

Please contact me if you have any questions. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tom Mulroy".

Tom Mulroy  
Senior Admin Officer III