

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90210 046 ***150.00

DOCUMENT # P15153

1. Entity Name

RISK MANAGEMENT CLAIM SERVICES, INC.

Principal Place of Business

Mailing Address

1850 LANTAFF BLVD
 P.O. BOX
 MADISONVILLE KY 42431
 US

C/O CORPORATE TAX DEPT
 P.O. BOX 19135
 JACKSONVILLE FL 32245-9135
 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 **52-1529084**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAROSE, ROBERT C.	
STREET ADDRESS	4160 WOODCOCK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	GERKENS, HENRY H	
STREET ADDRESS	4160 WOODCOCK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWE, JEFFREY C.	
STREET ADDRESS	4160 WOODCOCK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	OWEN, DENNIS P.	
STREET ADDRESS	1850 LANTAFF BLVD.	
CITY-ST-ZIP	MADISONVILLE KY 42431	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARVEY, MICHAEL L	
STREET ADDRESS	4160 WOODCOCK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, ROBERT C.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V/D/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKENSE, HENRY H.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, JEFFREY C.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, DENNIS P.	
STREET ADDRESS	1850 LANTAFF BLVD.	
CITY-ST-ZIP	MADISONVILLE, KY 42431	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MICHAEL L.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT C. LAROSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00
 Date

(904) 390-1223
 Daytime Phone #