

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33403

1. Entity Name

RISK AND INSURANCE BROKERAGE CORPORATION

Principal Place of Business

244 E PARK AVENUE  
LAKE WALES FL 33853  
US

Mailing Address

P.O. BOX 2368  
LAKE WALES FL 33859-2368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUTLER, MICHAEL R  
244 E PARK AVE  
LAKE WALES FL 33853

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HALSCH, JAMES	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SHAW, HUGH D	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MICHAEL R	
STREET ADDRESS	6801 N 54 ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Butler, Michael R.	
STREET ADDRESS	3803 Corporex Park Drive	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Hugh Daniel Shaw*

Hugh Daniel Shaw 1/21/00 (863) 676-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRODA48316



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3031297

Applied For Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required