

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000156

1. Entity Name

ASSOCIATION RISK MANAGEMENT, INC.

Principal Place of Business

Mailing Address:

856 OLD GROVE MANOR
STE 213
JACKSONVILLE FL 32207
US

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P. O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

Country

Zip

32255

Country

4. FEI Number

59-3158181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required. - -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
100 NATIONAL FINANCIAL BLDG.
JACKSONVILLE FL 32216

Name Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Road

Building 100

City Jacksonville

FL

Zip 32256

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROVITZ, ELLIOTT		NAME		
STREET ADDRESS	856 OLD GROVE MANOR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

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

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90127 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)