

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000077095**1. Entity Name  
RISCORP ACQUISITION, INC.

## Principal Place of Business

2 N TAMIAMI TRAIL  
#608  
SARASOTA  
34236

FL

US

## Mailing Address

2 N TAMIAMI TRAIL  
#608  
SARASOTA  
34236

FL

US

## 2. Principal Place of Business

1924 SOUTH OSPREY AVENUE

## 3. Mailing Address

1924 SOUTH OSPREY AVENUE

Suite, Apt. #, etc.  
SUITE 202Suite, Apt. #, etc.  
SUITE 202

## City &amp; State

SARASOTA

FL

## City &amp; State

SARASOTA

FL

## Zip

34239

## Country

US

## Zip

34239

## Country

US

## 4. FEI Number

65-0531423

## 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

VAUGHAN-BIRCH L. NORMAN  
720 S. ORANGE AVE

SARASOTA

FL

34236

US

## 7. Name and Address of New Registered Agent

## Name

VAUGHAN-BIRCH L. NORMAN

Street Address (P.O. Box Number is Not Acceptable)  
720 S. ORANGE AVECity  
SARASOTA

FL

Zip Code  
34239

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)

04/26/2001

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, 2001 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 S ☒ Delete  
NAME BUTTNER EDWARD W  
STREET ADDRESS 2 N. TAMIAMI TRAIL #608  
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☒ Delete  
NAME GREENE GEORGE EIII  
STREET ADDRESS 2 N TAMIAMI TRAIL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☒ Delete  
NAME REVELL WALTER L  
STREET ADDRESS 2 N TAMIAMI TRAIL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete  
NAME GOODE SEDDON J  
STREET ADDRESS 2 N TAMIAMI TRAIL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236TITLE PT ☐ Delete  
NAME RIEHEMANN WALTER E  
STREET ADDRESS 2 N TAMIAMI TRAIL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPST ☒ Change ☐ Addition  
NAME MCCURDY JEFFREY R  
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202  
CITY-ST-ZIP SARASOTA FL 34239TITLE DP ☒ Change ☐ Addition  
NAME GRIFFIN WILLIAM D  
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202  
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Change ☐ 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:** Jeffrey R. McCurdy

VPST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)