

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009393

1. Entity Name

STIRLING COOKE RISK MANAGEMENT SERVICES, INC. ✓

Principal Place of Business

2301 LUCIENE WAY
SUITE 240
MAITLAND FL 32751

Mailing Address

6311 ATRIUM DRIVE
SUITE 100
BRADENTON FL 34202

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

59-3294324

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

F&L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☒ Delete
NAME MCCARTHA, RAY
STREET ADDRESS 2301 LUCIENE WAY, #240
CITY-ST-ZIP MAITLAND FL 32751

TITLE ST ☒ Delete
NAME LIPUT, DAVID
STREET ADDRESS 2301 LUCIENE WAY
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete
NAME QUICK, LEN
STREET ADDRESS 8080 N. CENTRAL EXPRSWY, SUITE 1510
CITY-ST-ZIP DALLAS TX 75206

TITLE D ☒ Delete
NAME COOKE, MARK
STREET ADDRESS 11 VICTORIA STREET, 3RD FLOOR
CITY-ST-ZIP HAMILTON BURMUDA HM11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President/Director ☒ Change ☐ Addition
NAME Russell Abernathy
STREET ADDRESS 2301 Lucien Way
CITY-ST-ZIP Maitland, FL 32751

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME Russell Abernathy
STREET ADDRESS 2301 Lucien Way
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Russell Abernathy, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/00

Daytime Phone #

941-907-2200

CR2E034 (5/00)