

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000009393**

1. Entity Name

**STIRLING COOKE RISK MANAGEMENT SERVICES, INC.****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90046 046 \*\*\*150.00

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

**6311 Atrium Drive**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

City &amp; State

**Bradenton, FL**

City &amp; State

Zip

**34202**

Country

**USA**

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

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, 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 NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD MCCARTHA, RAY 2301 LUCIENE WAY, #240 MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>ST LIPUT, DAVID 2301 LUCIENE WAY MAITLAND FL 32751</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D QUICK, LEN 8080 N. CENTRAL EXPRSWY, SUITE 1510 DALLAS TX 75206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D COOKE, MARK 11 VICTORIA STREET, 3RD FLOOR HAMILTON BURMUDA HM11</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P/S/T/D Abernathy, Russell 6311 Atrium Drive, Suite 100 Bradenton, FL 34202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Russell ABERNATHY**

Date

**4/16/01**

Daytime Phone #

**(941) 907-2200**

CR2E034 (10/00)