2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P95000043026** 1. Entity Name STIRLING COOKE INSURANCE SERVICES, INC. 03-23-2000 90015 003 ***150.00 Principal Place of Business Mailing Address 6311 ATRIUM DR 6311 ATRIUM DR SUITE 100 SUITE 100 BRADENTON FL 34202 BRADENTON FL 34202-4143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0586334 Not Applicable Z_Ip_ Country ـــ - - -ــن Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name F&L CORP. Street Address (P.O. Box Number is Not Acceptable) **GREENLEAF BUILDING** 200 LAURA STREET JACKSONVILLE FL 32202 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ Change Addition DR2F034 /9/99 TITLE TITLE □ Delete ARNOLD, JACK F NAME NAME STREET ADDRESS 2801 FRUITVILLE RD SUITE 250 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP DTS ☐ Addition Delete Change TITLE ABERNATHY, RUSSELL JR 6311 ATRIUM DR., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL-34202 -CITY-ST-ZIP. ☐ Delete ☐ Change ☐ Addition TITLE QUICK, DEN NAME 6311 ATRIUM DR., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Addition TITLE Change TITLE 🔀 Delete MCDONNELL, PETER NAME NAME 6311 ATRIUM DR., SUITE 100 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 | 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

941-907-2200

Daytime Phone #