

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000043026**1. Entity Name
STIRLING COOKE INSURANCE SERVICES, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90049 031 ***150.00

Principal Place of Business

**6311 ATRIUM DR
SUITE 100
BRADENTON FL 34202**

Mailing Address

**6311 ATRIUM DR
SUITE 100
BRADENTON FL 34202****954921**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 South Federal Highway,

3. Mailing Address

1515 South Federal HighwaySuite, Apt. #, etc.
Suite 301Suite, Apt. #, etc.
Suite 301City & State
Boca Raton, FLCity & State
Boca Raton, FL4. FEI Number **65-0586334**Applied For
Not ApplicableZip
33432Country
USAZip
33432Country
USA5. 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.
GREENLEAF BUILDING
200 LAURA STREET
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 \$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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☒ Delete
NAME **ARNOLD, JACK F**
STREET ADDRESS **2801 FRUITVILLE RD SUITE 250**
CITY-ST-ZIP **SARASOTA FL**TITLE **P/D** ☐ Change ☒ Addition
NAME **Mary Ann Interlicchio**
STREET ADDRESS **1515 South Federal Highway, Suite 301**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE **DTS** ☒ Delete
NAME **ABERNATHY, RUSSELL JR**
STREET ADDRESS **6311 ATRIUM DR., SUITE 100**
CITY-ST-ZIP **BRADENTON FL 34202**TITLE **A/V** ☐ Change ☒ Addition
NAME **Michelle Chiarello**
STREET ADDRESS **1515 South Federal Highway, Suite 301**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE **D** ☒ Delete
NAME **QUICK, DEN**
STREET ADDRESS **6311 ATRIUM DR., SUITE 100**
CITY-ST-ZIP **BRADENTON FL 34202**TITLE **A/V** ☐ Change ☒ Addition
NAME **Antoinette Hartman**
STREET ADDRESS **1515 South Federal Highway, Suite 301**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **A/V** ☐ Change ☒ Addition
NAME **Patrick Brendan O'Halloran**
STREET ADDRESS **1515 South Federal Highway, Suite 301**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S/T/D** ☐ Change ☒ Addition
NAME **Kay Houston**
STREET ADDRESS **1515 South Federal Highway, Suite 301**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)