

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043026

1. Entity Name
STIRLING COOKE INSURANCE SERVICES, INC.

Principal Place of Business
6311 ATRIUM DR
SUITE 100
BRADENTON FL 34202

Mailing Address
6311 ATRIUM DR
SUITE 100
BRADENTON FL 34202

2. Principal Place of Business
1515 South Federal Highway,
Suite 301

3. Mailing Address
1515 South Federal Highway
Suite 301

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Zip
33432

Country
USA

Country
USA

4. FEI Number **65-0586334** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current 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 NAME STREET ADDRESS CITY-ST-ZIP	DP ARNOLD, JACK F 2801 FRUITVILLE RD SUITE 250 SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mary Ann Interlicchio 1515 South Federal Highway, Suite 301 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ABERNATHY, RUSSELL JR 6311 ATRIUM DR., SUITE 100 BRADENTON FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/V Michelle Chiarello 1515 South Federal Highway, Suite 301 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUICK, DEN 6311 ATRIUM DR., SUITE 100 BRADENTON FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/V Antoinette Hartman 1515 South Federal Highway, Suite 301 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/V Patrick Brendan O'Halloran 1515 South Federal Highway, Suite 301 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Kay Houston 1515 South Federal Highway, Suite 301 Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANN INTERLICCHIO

4/16/01

Date

Daytime Phone #

CR2E034 (10/00)