

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90146 036 \*\*\*150.00

**DOCUMENT # P95000043026**

1. Entity Name

**STIRLING COOKE INSURANCE SERVICES, INC.**

Principal Place of Business

**1515 S. FEDERAL HWY  
 SUITE 301  
 BOCA RATON FL 33432**

Mailing Address

**1515 S. FEDERAL HWY  
 SUITE 301  
 BOCA RATON FL 33432**

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

**65-0586334**

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.  
 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, 2002 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 ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **INTERLICCHIO, MARY ANN**  
 CITY-ST-ZIP **1515 S. FEDERAL HWY STE., #301  
 BOCA RATON FL 33432**

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

TITLE ☐ Delete  
 NAME **DAV**  
 STREET ADDRESS **CHINARELLO, MICHELLE**  
 CITY-ST-ZIP **1515 S. FEDERAL HWY STE., #301  
 BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
 NAME **A/V**  
 STREET ADDRESS **Chiarello, Michelle**  
 CITY-ST-ZIP **1515 S. Federal Hwy, Ste. #301  
 Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME **DAV**  
 STREET ADDRESS **HARTMAN, ANTOINETTE**  
 CITY-ST-ZIP **1515 S. FEDERAL HWY STE., #301  
 BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
 NAME **A/V**  
 STREET ADDRESS **Hartman, Antoinette**  
 CITY-ST-ZIP **1515 S. Federal Hwy, Suite #301  
 Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME **DAV**  
 STREET ADDRESS **O'HALLORAN, PATRICK B**  
 CITY-ST-ZIP **1515 SOUTH FEDERAL HWY STE., #301  
 SARASOTA FL 34232**

TITLE ☒ Change ☐ Addition  
 NAME **A/V**  
 STREET ADDRESS **O'Halloran, Patrick B.**  
 CITY-ST-ZIP **1515 South Federal Hwy, Ste. #301  
 Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME **SRD**  
 STREET ADDRESS **HOUSTON, KAY**  
 CITY-ST-ZIP **1515 S. FEDERAL HWY STE., #301  
 BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition  
 NAME **S/T/D**  
 STREET ADDRESS **Houston, Kay**  
 CITY-ST-ZIP **1515 S. Federal Hwy, Ste. #301  
 Boca Raton, FL 33432**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Adkins, Barbara L.**  
 CITY-ST-ZIP **5400 LBJ Freeway, Suite 880  
 Dallas, TX 75240**

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 #

**4/24/02**

**561-620-1900**

CR2E034 (9/01)

BRUSSELS  
CHICAGO  
DENVER  
DETROIT  
JACKSONVILLE  
LOS ANGELES  
MADISON  
MILWAUKEE  
ORLANDO  
SACRAMENTO  
SAN DIEGO/DEL MAR  
SAN FRANCISCO  
TALLAHASSEE  
TAMPA  
WASHINGTON, D.C.  
WEST PALM BEACH

**FOLEY & LARDNER**  
ATTORNEYS AT LAW

*ATTACH # P95000043026/1648165*

April 29, 2002

**VIA OVERNIGHT DELIVERY**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Stirling Cooke Insurance Services, Inc. - 2002 Uniform  
Business Report

Dear Sir/Madam:

Enclosed please find the following materials, which we are submitting on behalf  
of Stirling Cooke Insurance Services, Inc. for filing with your Division:

1. Original Florida 2002 Uniform Business Report relative to Stirling Cooke  
Insurance Services, Inc.; and
2. Our firm's check in the amount of \$150, which covers the required filing fee.

Please contact me immediately if you have questions or if additional information  
is required.

Very truly yours,

*Carrie L. Parker*

Carrie L. Parker  
Paralegal

**Enclosures**

cc: Mary Ann Interlicchio (w/o enc.)  
Kevin G. Fitzgerald (w/o enc.)

FOLEY & LARDNER  
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CLIENT/MATTER NUMBER  
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