

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087409

1. Entity Name

ZENITH RISK MANAGEMENT, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90005 013 ***150.00

Principal Place of Business

3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

Mailing Address

3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817-1484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3408979

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

LOVGREN, LORI A
888 SW 3 AVE STE 500
FT LAUDERDALE FL 33335

Name

KROUSE, LISA A.

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

1390 Main Street

Sarasota, FL 34236-5642

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
D
HICE, HOWARD
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, JOHN G
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORRICK, RONALD
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOUW, ARMAND
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
OBERHARDT, DORIS M
3504 LAKE LYNDA DR STE 400
ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAFER, RONALD JR
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

TITLE ☐ 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
JOHN J. TICKNER, Secretary

Date 1/20/2000 Daytime Phone # 818 594 5564

CR2E034 (9/99)