

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090124

1. Entity Name

EMPLOYERS RISK SERVICES OF FLORIDA, INC.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90087 050 \*\*\*150.00

Principal Place of Business

Mailing Address

8699 N.W. 36TH STREET  
SUITE 100  
MIAMI FL 33166

8699 N.W. 36TH STREET  
SUITE 100  
MIAMI FL 33318-7140

2. Principal Place of Business

600 N. Pine Island Road

3. Mailing Address

600 N. Pine Island Road

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

Broward

Zip

33324

Country

Broward

4. FEI Number

65-0788814

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

GRAHAM, WILLIAM B  
101 NORTH GADSDEN STREET  
TALLAHASSEE FL

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RENfro, TIMOTHY A  
2581 SURDID DR  
WESTON FL 33327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Renfro, Timothy A.  
2945 Surrey Lane  
Weston, FL 33331 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VAN METER, WILLIAM B  
435 DOCK SIDE DR #503  
NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/D  
Van Meter, William B.  
611 18th Street, South  
Naples, FL 34102 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERMAN, LOUIS M  
5595 THREE SPRINGS RD.  
BOWLING GREEN KY 42103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/T  
Pirrung, David G.  
5730 N.W. 61st Place  
Parkland, FL 33067 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORGAN, JOHN D  
1827 TODD TRACE CT  
BOWLING GREEN KY 42103 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

*David G. Pirrung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(954) 577-2200

Daytime Phone #