

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090124

1. Entity Name

EMPLOYERS RISK SERVICES OF FLORIDA, INC.

Principal Place of Business

600 N. PINE ISLAND RD.
STE 400
PLANTATION FL 33324

Mailing Address

600 N. PINE ISLAND RD.
STE 400
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRAHAM, WILLIAM B
101 NORTH GADSDEN STREET
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name Graham, William B. (address change)
Street Address (P.O. Box Number is Not Acceptable)
215 S. Monroe St Ste 600
City Tallahassee FL Zip Code 32301

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

TITLE PD
NAME RENFRO, TIMOTHY A
STREET ADDRESS 2581 SURDID DR
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

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

TITLE ST
NAME PIRRUNG, DAVID G
STREET ADDRESS 5730 NW 61ST PL
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90080 017 ***150.00



DO NOT WRITE IN THIS SPACE

0088539

CR2E034 (10/00)