

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096432

1. Entity Name

PEMBROKE MANAGING AGENTS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90084 015 ***150.00

Principal Place of Business

Mailing Address

3522 THOMASVILLE ROAD
SUITE 300
TALLAHASSEE FL 32312

P.O. BOX 13298
TALLAHASSEE FL 32317-3298
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480279

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

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

MILLER, TRAVIS L
106 EAST COLLEGE AVE
SUITE 1200
TALLAHASSEE FL 32301

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 **Director** ☐ Delete
NAME **RIKER, WILLIAM L**
STREET ADDRESS **6 PAMPAS LANE**
CITY-ST-ZIP **SMITHS PARISH, BERMUDA FLO5**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6 Pampas Road**
CITY-ST-ZIP **Smiths. Bermuda**

TITLE **Director** ☐ Delete
NAME **NICHOLS, JOHN D**
STREET ADDRESS **35 SKYLINE DRIVE**
CITY-ST-ZIP **SMITHS PARISH, BERMUDA FLO8**

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

TITLE **Director** ☐ Delete
NAME **STANARD, JAMES N**
STREET ADDRESS **15 ARDSHEAL DRIVE**
CITY-ST-ZIP **PEGET, BERMUDA PG06**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 Ardsheal Drive**
CITY-ST-ZIP **Paget, Bermuda**

TITLE **Director and President** ☐ Delete
NAME **RICKER, ROBERT L**
STREET ADDRESS **1750 MARSTON PLACE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Director and President**

TITLE **CFO (Chief Financial Officer)** ☐ Delete
NAME **MCCONNELL, JOHN D**
STREET ADDRESS **9084 Shoal Creek Dr.**
CITY-ST-ZIP **TALL FL 32312**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9084 Shoal Creek Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Chief Claims Officer**
STREET ADDRESS **Quintin W. Netzel**
CITY-ST-ZIP **6421 Mallard Trace Drive**
Tallahassee, FL 32312

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 #

(850) 894-2144

CR2E034 (9/99)