

# 2002 UNIFORM BUSINESS REPORT (UBR)

0045503 AV

DOCUMENT # P97000096432

1. Entity Name  
PEMBROKE MANAGING AGENTS, INC.

FILED  
02 JUN 25 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3522 THOMASVILLE ROAD  
SUITE 300  
TALLAHASSEE FL 32308

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

2. Principal Place of Business  
2473 Care Drive  
Suite, Apt. #, etc.  
Suite 201  
City & State  
Tallahassee, FL  
Zip  
32308  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City  
Country

4. FEI Number 59-3480279  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
MILLER, TRAVIS L  
106 EAST COLLEGE AVE  
SUITE 1200  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
200006259782--6  
-07/08/02--01090--014  
City  
\*\*\*\*550.00 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIKER, WILLIAM L 6 PAMPAS LANE SMITHS PARISH, BERMUDA FLO5 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JOHN D 35 SKYLINE DRIVE SMITHS PARISH, BERMUDA FLO8 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANARD, JAMES N 15 ARDSHEAL DRIVE PEGET, BERMUDA PG06 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKER, ROBERT L 1750 MARSTON PLACE TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lummis, John M. 38 Harbour Road Beverly, Bermuda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ST Merritt, Martin J. 15 Pokio's Crescent Smiths Parish, Bermuda FLO5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Petty, Diana J. 11 Rocky Ridge Dr. Smiths Parish, Bermuda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Friedberg, Thomas H. 2 Stirling Way Mt. Holly, NJ 08060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kinsey, Kristine M. 3915 Paces Place Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kristine M. Kinsey 6/24/02 850-894-2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)