

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000062604

1. Entity Name

Porter Risk Management

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90437 024 \*\*\*150.00

00100073

Principal Place of Business

Mailing Address

14054 102<sup>nd</sup> Avenue P.O. Box 1741

Largo FL 33774 Largo FL 33774

2. Principal Place of Business

4054 102<sup>nd</sup> Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole FL

Zip  
33774

Country  
USA

City & State

Zip

Country

4. FEI Number

59-3524620

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

Porter, Dean L.  
1521 Brookside Blvd.  
Largo FL 33770

7. Name and Address of New Registered Agent

Name

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

14054 102<sup>nd</sup> Avenue

City  
Seminole

FL

Zip Code

33774

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

TITLE ☐ Delete

NAME PORTER, DEAN L.  
STREET ADDRESS 14054 102<sup>nd</sup> Ave  
CITY-ST-ZIP Largo FL 33774

TITLE ☐ Delete

NAME PORTER, LAURIE J.  
STREET ADDRESS 14054 102<sup>nd</sup> Ave  
CITY-ST-ZIP Largo FL 33774

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 14054 102<sup>nd</sup> Avenue  
CITY-ST-ZIP Seminole FL 33774

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 14054 102<sup>nd</sup> Avenue  
CITY-ST-ZIP Seminole FL 33774

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

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

05-1-00

Date

Daytime Phone #

CR2E034 (9/99)