

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041024

1. Entity Name

RISK ASSOCIATES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90005 026 ***150.00

Principal Place of Business

Mailing Address

11 RICHMOND DR.
NEW SMYRNA BEACH FL 32169

11 RICHMOND DR.
NEW SMYRNA BEACH FL 32169-5401

2. Principal Place of Business

200 South Riverside Dr.

3. Mailing Address

200 South Riverside Dr.

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. FEI Number

59-3572477

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

SEIBOLD, C. ROLLIN JR.
11 RICHMOND DR.
NEW SMYRNA BEACH FL 32169

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

(NOTE: Registered Agent signature required when reinstating)

03-28-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SEIBOLD, C. ROLLIN JR.	
STREET ADDRESS	11 RICHMOND DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SEIBOLD, CHARLES R	
STREET ADDRESS	200 SOUTH RIVERSIDE DR., #302	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBOLD, CHARLES R	
STREET ADDRESS	200 SOUTH RIVERSIDE DR., #302	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-00

Date

904 428 5094

Daytime Phone #

CR2E034 (9/99)