

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9900004102A**

1. Entity Name

Risk Associates, Inc.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90076 050 ***150.00

Principal Place of Business

**11 Richmond Dr.
New Smyrna Beach, FL 32169**

Mailing Address

**11 Richmond Dr.
New Smyrna Beach, FL 32169**

2. Principal Place of Business

11 Richmond Dr.

Suite, Apt. #, etc.

3. Mailing Address

11 Richmond Dr.

Suite, Apt. #, etc.

00001001

DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Beach, FL

Zip

32169

Country

USA

City & State

New Smyrna Beach, FL

Zip

32169

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

**C. Rollin Seibold, Jr.
11 Richmond Drive
New Smyrna Beach, FL 32169**

7. Name and Address of New Registered Agent

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)

03-01-01

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, 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 **President** ☐ Delete
NAME **C. Rollin Seibold, Jr.**
STREET ADDRESS **11 Richmond Dr.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Secretary/Treasurer** ☐ Delete
NAME **Charles R. Seibold**
STREET ADDRESS **200 S. Riverside Dr #302**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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
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

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

C. Rollin Seibold, Jr.

03/01/01

DATE

904 427-4404

Daytime Phone #

CR2E034 (11/00)