

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000080477**

1. Entity Name

ALTERNATIVE RISK SERVICES, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90151 030 ***150.00

Principal Place of Business

**1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

Mailing Address

**1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1083196**APPLIED FOR**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMILLO, JOHN M
1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

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)

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	D	<input type="checkbox"/> Delete
NAME	STEPHENSON, MARK	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAMAN, PHILIP E	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, NEIL C	
STREET ADDRESS	3251 WASHINGTON BLVD.	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMILLO, JOHN M	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, DEBORAH S	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRUCE, WILLIAM D	
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner, Deborah S.	
STREET ADDRESS	1600 W. Commercial Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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:**Mark Stephenson, Dir. 3/28/01****(954) 493 6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

Document

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B0045058

ALTERNATIVE RISK SERVICES, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V
Name: Linda M. DiNapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D,V,S,T
Name: Joel Mutnick
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Peter Reo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309