2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$13169

Country

6." Name and Address of Current Registered Agent

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

 \Box

OFFICERS AND DIRECTORS

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

NAME

CITY-ST-7IP

HARRIS, MARK R.

7774 CHARNEY LANE **BOCA RATON FL 33496**

9. This corporation is eligible to satisfy its Intangible

HARRIS, MARK R.

BOCA RATON FL

BOCA RATON FL

7774 CHARNEY LANE

HARRIS, MARSHA R.

7774 CHARNEY LANE

Tax filing requirement and elects to do so.

(See criteria on back)

VSD

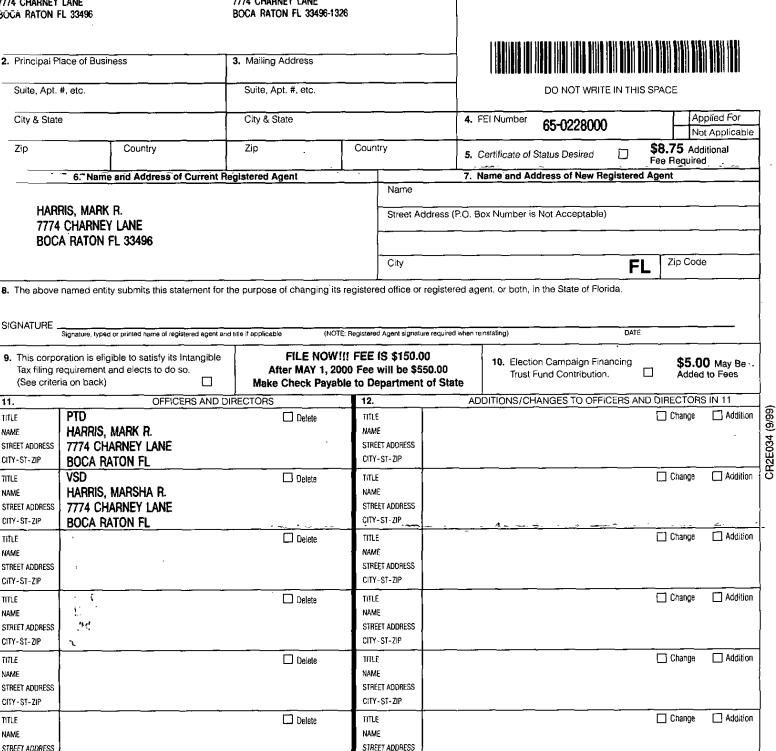
44

HARRIS RISK MANAGEMENT, INC.		
Principal Place of Business	Mailing Address	
7774 CHARNEY LANE BOCA RATON FL 33496	7774 CHARNEY LANE BOCA RATON FL 33496-1326	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90028 050 ***150.00



13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: