

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90628

1. Entity Name

RISCORP INSURANCE COMPANY

Principal Place of Business

ONE SARASOTA TOWER
2 N TAMIAMI TRL. STE 608
SARASOTA FL 34236
US

Mailing Address

ONE SARASOTA TOWER
2 N TAMIAMI TRL. STE 608
SARASOTA FL 34236-5559
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0061350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

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, 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	DPCE	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, FREDERICK M	
STREET ADDRESS	2 N TAMIAMI TRL STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RIEHMANN, WALTER E	
STREET ADDRESS	2 N TAMIAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVELL, WALTER L	
STREET ADDRESS	2 N TAMIAMI TRL STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE, SEDDON J	
STREET ADDRESS	2 N TAMIAMI TRL STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, GEORGE E. III	
STREET ADDRESS	2 N TAMIAMI TRL, STE 608	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	P.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter E. Riehemann	
STREET ADDRESS	2 N. Tamiami Trail #608	
CITY-ST-ZIP	SARASOTA, FL 34236	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward W. BUTTNER, IV	
STREET ADDRESS	2 N. Tamiami Trail #608	
CITY-ST-ZIP	SARASOTA, FL 34236	

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

Date

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90113 012 ***150.00

0 2 1 0 0



DO NOT WRITE IN THIS SPACE

CP25004 (3/00)