

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P97000023270~~

Entity Name **V20929**
~~PROGRAM MANAGEMENT SERVICES~~
RISK MANAGEMENT ASSOCIATES

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 016 ***158.75

Principal Place of Business
98 Northlake Blvd
Suite 1040
Altamonte Spgs, FL
32701 US

Mailing Address
598 Northlake Blvd
Suite 1040
Altamonte Spgs, FL
32701 US

00064235

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-3465771
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Country
 Zip

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

6. Name and Address of Current Registered Agent
Caldwell, Kevin S
598 Northlake Blvd
Suite 1040
Altamonte Springs, FL 32701

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

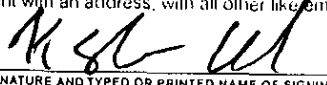
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

OFFICERS AND DIRECTORS	
PSD Caldwell, Kevin S 8220 State Road 84 STE 210 Ft. Lauderdale FL 33324	☐ Delete
VTD Bicknell, Dale R 8220 State Road 84 STE 210 Ft. Lauderdale FL 33324	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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

4-27-00
 Date

Daytime Phone #

CR2E034 (9/99)