

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50614

1. Entity Name

RISCORP OF FLORIDA, INC.

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

03-27-2000 90116 022 ***150.00

Principal Place of Business 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 US	Mailing Address 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236-5559 US
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0343944	Applied For ☐
	Not Applicable ☐

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

6. Name and Address of Current Registered Agent VAUGHAN-BIRCH, L. NORMAN 720 S. ORANGE AVE. SARASOTA FL 34236	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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, FREDERICK M. 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIEHMANN, WALTER E. 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T Walter E. RIEHEMANN 2 N. Tamiami Trail #608 SARASOTA, FL 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODE, SEDDON JR. 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELL, WALTER L. 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, GEORGE E. III 2 NORTH TAMIAMI TRAIL SUITE 608 SARASOTA FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Edward W. BUTTNER, IV 2 N. Tamiami Trail #608 SARASOTA, FL 34236 ☐ Change ☒ Addition

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 #

5/26/01 (941) 366-5015

CR2E034 (9/99)