

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000004143

FILED  
Feb 07, 2003  
Secretary of State

Entity Name: GOLDLEAF FINANCIAL, LTD., INC.

**Current Principal Place of Business:**

802 N. 2ND STREET  
MONTEVIDEO, MN 56265

**New Principal Place of Business:**

**Current Mailing Address:**

802 N. 2ND STREET  
MONTEVIDEO, MN 56265

**New Mailing Address:**

FEI Number: 41-1901717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: LARSON, DENNIS  
Address: 802 N. 2ND STREET  
City-St-Zip: MONTEVIDEO, MN 56265

Title: DVP ( ) Delete  
Name: ANDERSON, JACK  
Address: 802 N. 2ND STREET  
City-St-Zip: MONTEVIDEO, MN 56265

Title: DCEO ( ) Delete  
Name: HATHAWAY, GEOFFREY  
Address: 802 N. 2ND STREET  
City-St-Zip: MONTEVIDEO, MN 56265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK ANDERSON

Electronic Signature of Signing Officer or Director

DVP

02/07/2003

\_\_\_\_\_ Date