

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220531

1. Entity Name

LIBERTY AMERICAN INSURANCE AGENCY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90033 035 ***150.00

Principal Place of Business

7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

Mailing Address

7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0859732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKLIDGE, RAYMOND M
7785 66TH ST NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Eldridge, P. Daniel

Street Address (P.O. Box Number is Not Acceptable)

7785 66th Street N.

City

Pinellas Park,

State

Zip Code

33781-3113

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 re-stating)

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, 2001 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	VD	☒ Delete
NAME	JERGER, THOMAS J	
STREET ADDRESS	10305 61ST CT NORTH	
CITY-STATE-ZIP	PINELLAS PK FL 34666	
TITLE	VD	☒ Delete
NAME	JERGER, DEAN W.	
STREET ADDRESS	7949 9TH AVE SOUTH	
CITY-STATE-ZIP	ST. PETERSBURG FL 33707	
TITLE	DT	☐ Delete
NAME	MEYER, BRUCE	
STREET ADDRESS	506 BROOKTREE CT	
CITY-STATE-ZIP	LUTZ FL 33548	
TITLE	DVS	☒ Delete
NAME	BLACKLIDGE, RAYMOND	
STREET ADDRESS	28810 FALLING LEAVES WAY	
CITY-STATE-ZIP	WESLEY CHAPEL FL 33543	
TITLE	VD	☒ Delete
NAME	CENTONZI, JODI	
STREET ADDRESS	2027 WARWICK DR	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	☐ Change ☒ Addition
NAME	Maguire, James J. Jr.	
STREET ADDRESS	215 Dreshertown Road	
CITY-STATE-ZIP	Ft. Washington, PA 19034	
TITLE	D/P	☐ Change ☒ Addition
NAME	P. Daniel Eldridge	
STREET ADDRESS	1540 Gulf Blvd., #202	
CITY-STATE-ZIP	Clearwater, FL 33767	
TITLE	D/T/V	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D/V/S	☐ Change ☒ Addition
NAME	Keller, Craig P.	
STREET ADDRESS	29 Woodcraft Road	
CITY-STATE-ZIP	Haverton, PA 19083	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 person authorized 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, without other authorization.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

727-546-8911

Date

Circle # Phone #

CR2E034 (10/00)