

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844252

1. Entity Name

UNITED COMPANIES FINANCIAL CORPORATION

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90226 040 ***150.00

Principal Place of Business

Mailing Address

8687 UNITED PLAZA BLVD.
BATON ROUGE LA 70809
US

P.O. BOX 1591
BATON ROUGE LA 70821-1591
US

2. Principal Place of Business

3. Mailing Address

8549 UNITED PLAZA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BATON ROUGE, LA

Zip

Country

Zip

Country

70809 USA

4. FEI Number

71-0430414

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

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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.

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\$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 | C MIDGNEK, DEBORAH 8687 UNITED PLAZA BLVD. BATON ROUGE LA 70809 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRIFFIN, JESSE O 8549 United Plaza Blvd. BATON ROUGE LA 70809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRICKEY, MICHAEL 8687 UNITED PLAZA BLVD. BATON ROUGE LA 70809 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANDERSON, SHERRY E 8549 United Plaza Blvd. BATON ROUGE LA 70809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C Lawrence J. Ramaekers 8549 UNITED PLAZA Blvd. BATON ROUGE, LA 70809 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REBECCA ROOF 8549 UNITED PLAZA Blvd. BATON ROUGE, LA 70809 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

(225) 987-0000

CR2E034 (9/99)