

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005207

1. Entity Name

NATIONAL FIRE & CASUALTY COMPANY

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90059 015 ***150.00

Principal Place of Business

Mailing Address

2801 E. EMPIRE
BLOOMINGTON IL 61704

ATTN: ROBERT MATHEWSON
PO BOX 157
BLOOMINGTON IL 61702-0157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1101490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

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) ☒

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 PD ☐ Delete
NAME SLATERY, CHARLES K
STREET ADDRESS 123 CHERRY RD.
CITY-ST-ZIP MEMPHIS TN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BLISS, JAMES
STREET ADDRESS 501 FIRST AVE., S.
CITY-ST-ZIP TIERRA VERDE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENJAMIN, DUANE R
STREET ADDRESS RT 1 BOX 175
CITY-ST-ZIP TOWANDA IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MATHEWSON, ROBERT E
STREET ADDRESS 709 N. CHESTNUT
CITY-ST-ZIP LEROY IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MCKNIGHT, JOHN M
STREET ADDRESS 5 COUNTRY CLUB PLACE
CITY-ST-ZIP BLOOMINGTON IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME SHEPARD, ROBERT
STREET ADDRESS 2102 PARK PLACE
CITY-ST-ZIP BLOOMINGTON IL 61701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert Mathewson

1/10/2000

309-663-1393

Date

Daytime Phone #

CR2E034 (9/99)