

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90037 036 ***150.00

DOCUMENT # F94000000091

1. Entity Name

UNITED FINANCIAL ADJUSTING COMPANY

Principal Place of Business

747 ALPHA DR.
HIGHLAND HEIGHTS OH 44124
US

Mailing Address

6300 WILSON MILLS RD.
MAYFIELD VILLAGE OH 44143-2109
US

2. Principal Place of Business

3. Mailing Address

747 Alpha Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A21 - Control Group

City & State

City & State
Highland Heights OH

Zip

44143

Country

Zip

44143

Country

US

4. FEI Number

34-1750521

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

C T CORPORATION SYSTEM
1200 SOUTH 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) ☒

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	CD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PETER B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIES, JOHN M	
STREET ADDRESS	747 ALPHA DRIVE	
CITY-ST-ZIP	HIGHLAND HEIGHTS OH 44143-2124	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILSS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, DAVID M	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLATNER, BRECK T	
STREET ADDRESS	747 ALPHA DRIVE	
CITY-ST-ZIP	HIGHLAND HEIGHTS OH 44143-2124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Troy M. Huth	
STREET ADDRESS	747 Alpha Dr.	
CITY-ST-ZIP	Highland Heights, OH 44143	
TITLE	Sole Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davies, John M.	
STREET ADDRESS	270 S. Service Rd. Suite 35	
CITY-ST-ZIP	Melville, NY 11747-2339	
TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reginald Thompson	
STREET ADDRESS	747 Alpha Dr.	
CITY-ST-ZIP	Highland Heights, OH 44143	
TITLE	Secretary and General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavallaro, Peter I.	
STREET ADDRESS	270 S. Service Rd.	
CITY-ST-ZIP	Melville, NY 11747-2339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer and Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey R. Harcourt	
STREET ADDRESS	747 Alpha Dr.	
CITY-ST-ZIP	Highland Heights, OH 44143	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)