

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005439

1. Entity Name

LM FINANCIAL PARTNERS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90148 008 ***550.00

Principal Place of Business

100 LIGHT ST
BALTIMORE MD 21202
US

Mailing Address

100 LIGHT ST
BALTIMORE MD 21202
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 52-1794977

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME BRAB, W W
STREET ADDRESS 6703 FOXWORTH RD.
CITY-ST-ZIP PROSPECT KY

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

TITLE CD ☐ Delete
NAME LOWMAN JR., HORACE M
STREET ADDRESS 924 HIGH STEPPER TRAIL
CITY-ST-ZIP SYKESVILLE MD

TITLE P/D ☐ Change ☒ Addition
NAME Houston, John W.
STREET ADDRESS 146 Cottonwood Drive
CITY-ST-ZIP Franklin, TN 37069

TITLE T ☒ Delete
NAME STROHECKER, L. KAY
STREET ADDRESS 125 FORT HOYLE RD.
CITY-ST-ZIP JOPPA MD

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

TITLE SV ☐ Delete
NAME MCSHEA, GREGORY B
STREET ADDRESS 100 LIGHT ST
CITY-ST-ZIP BALTIMORE MD 21202

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

TITLE D ☒ Delete
NAME BACIGALUPO, CHARLES A
STREET ADDRESS 1305 WESTELLEN ROAD
CITY-ST-ZIP BALTIMORE MD

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

TITLE D ☐ Delete
NAME BRINKLEY, JAMES W
STREET ADDRESS 311 MEADOWCROFT LANE
CITY-ST-ZIP BALTIMORE MD

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:

Horace M. Lowman **Horace M. Lowman** 9/8/00 410-454-5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)