

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006279

1. Entity Name

COMMONWEALTH DEALERS LIFE INSURANCE COMPANY

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90030 016 ***150.00

Principal Place of Business

Mailing Address

8001 W BROAD ST
RICHMOND VA 23294
US

8001 WEST BROAD ST
RICHMOND VA 23294-4219
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 **54-1438901**

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	D	<input type="checkbox"/> Delete
NAME	BARKHOUSER, RICHARD	
STREET ADDRESS	3604 RIVERSIDE DR	
CITY-ST-ZIP	DANVILLE VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUDDITH, ROBERT	
STREET ADDRESS	20920 GOSHEN RD	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERRICK, HOMER E	
STREET ADDRESS	512 E NELSON ST	
CITY-ST-ZIP	LEXINGTON VA 24450	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROSNIDER, ERVIN	
STREET ADDRESS	5200 OAKLAWN BLVD	
CITY-ST-ZIP	HOPEWELL VA 23860	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIBY, E KAYE	
STREET ADDRESS	8001 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KERN, RICHARD	
STREET ADDRESS	2110 VALLEY AVENUE	
CITY-ST-ZIP	WINCHESTER VA 22601	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Albert	
STREET ADDRESS	8001 W Broad St.	
CITY-ST-ZIP	Richmond, VA 23294	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Dicks	
STREET ADDRESS	8001 west Broad St.	
CITY-ST-ZIP	Richmond, VA 23294	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kern, Richard	
STREET ADDRESS	2110 Valley Ave.	
CITY-ST-ZIP	Winchester, VA 22601	

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:

Theresa Dicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

804-270-9494

Daytime Phone #