

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90108 018 ***150.00

0577841

DOCUMENT # F96000006279

1. Entity Name

COMMONWEALTH DEALERS LIFE INSURANCE COMPANY.

Principal Place of Business

8001 W BROAD ST
 RICHMOND VA 23294
 US

Mailing Address

8001 WEST BROAD ST
 RICHMOND VA 23294
 US

C0007282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1438901**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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

TITLE **D** ☐ Delete
 NAME **BARKHOUSER, RICHARD**
 STREET ADDRESS **3604 RIVERSIDE DR**
 CITY-ST-ZIP **DANVILLE VA**

TITLE **D** ☐ Delete
 NAME **SUDDITH, ROBERT**
 STREET ADDRESS **20920 GOSHEN RD**
 CITY-ST-ZIP **GAITHERSBURG MD 20879**

TITLE **D** ☐ Delete
 NAME **DERRICK, HOMER E**
 STREET ADDRESS **512 E NELSON ST**
 CITY-ST-ZIP **LEXINGTON VA 24450**

TITLE **D** ☐ Delete
 NAME **STROSNIDER, ERVIN**
 STREET ADDRESS **5200 OAKLAWN BLVD**
 CITY-ST-ZIP **HOPEWELL VA 23860**

TITLE **P** ☐ Delete
 NAME **ALBERT, MARK**
 STREET ADDRESS **8001 W BROAD ST**
 CITY-ST-ZIP **RICHMOND VA 23294**

TITLE **D** ☐ Delete
 NAME **KERN, RICHARD**
 STREET ADDRESS **2110 VALLEY AVENUE**
 CITY-ST-ZIP **WINCHESTER VA 22601**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary/Asst. Treasurer** ☐ Change ☒ Addition
 NAME **Theresa Dicks**
 STREET ADDRESS **8001 West Broad St.**
 CITY-ST-ZIP **Richmond, VA 23294**

TITLE **D** ☐ Change ☒ Addition
 NAME **Joseph Nelson**
 STREET ADDRESS **PO Box 4323**
 CITY-ST-ZIP **Rocky Mount, NC 27804**

TITLE **D** ☐ Change ☒ Addition
 NAME **Don Laceyfield**
 STREET ADDRESS **259 S Churton St.**
 CITY-ST-ZIP **Hillsborough, NC 27278**

TITLE **D** ☐ Change ☒ Addition
 NAME **Hubert Parks**
 STREET ADDRESS **6015 Hwy 66S**
 CITY-ST-ZIP **Kernersville, NC 27284**

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

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

Date

Daytime Phone #

1-9-01 800-229-0121

CR2E034 (10/00)