

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005759

1. Entity Name

DIRECT GENERAL FINANCIAL SERVICES, INC.

Principal Place of Business

1281 MURFREESBORO ROAD  
NASHVILLE TN 37217

Mailing Address

1281 MURFREESBORO ROAD  
NASHVILLE TN 37217-2423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	ADAIR, WILLIAM C. JR.	1281 MURFREESBORO ROAD	NASHVILLE TN 37217	<input type="checkbox"/>
PD	ADAIR, JACQUELINE C	1281 MURFREESBORO ROAD	NASHVILLE TN 37217	<input type="checkbox"/>
S	WILSON, RONALD R.	1281 MURFREESBORO ROAD	NASHVILLE TN 37217	<input type="checkbox"/>
VCFO	ELKINS, BARRY D.	1281 MURFREESBORO ROAD	NASHVILLE TN 37217	<input type="checkbox"/>
VCD	SCHREIBER, KURT F	1281 MURFREESBORO RD	NASHVILLE TN 37217	<input type="checkbox"/>
T	MOORE, BRIAN G.	1281 MURFREESBORO ROAD	NASHVILLE TN 37217	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Ronald R. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00  
Date

(615) 366-3727  
Daytime Phone #

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90030 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE