

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90054 044 ***150.00

DOCUMENT # F97000006664

1. Entity Name

TRI-STATE INSURANCE COMPANY OF MINNESOTA

Principal Place of Business

Mailing Address

**10 ROUNDWIND ROAD
DBA: BERKLEY INFORMATION SVCS
LIVERNE MN 56156**

**10 ROUNDWIND ROAD
DBA: BERKLEY INFORMATION SVCS
LIVERNE MN 56156**

2. Principal Place of Business

3. Mailing Address

DBA: Berkley Information Services

DBA: Berkley Information Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 Roundwind Road

PO Box 657

City & State

City & State

LIVERNE MN

LIVERNE MN

Zip
56156

Country
USA

Zip
56156

Country
USA

4. FEI Number **41-1232071**

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

**CAROLINA CASUALTY INS. CO.
8381 DIX ELLIS TRAIL JACKSON BLDG STE 400
JACKSONVILLE FL 32256**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, JOEL	
STREET ADDRESS	10 ROUNDWIND RD	
CITY-ST-ZIP	LIVERNE MN 56156	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, JACK	
STREET ADDRESS	10 ROUNDWIND ROAD	
CITY-ST-ZIP	LIVERNE MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	GACKE, JONI	
STREET ADDRESS	10 ROUNDWIND ROAD	
CITY-ST-ZIP	LIVERNE MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAKE, BRIAN	
STREET ADDRESS	10 ROUNDWIND ROAD	
CITY-ST-ZIP	LIVERNE MN 56156	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEDESMA, GAIL	
STREET ADDRESS	10 ROUNDWIND ROAD	
CITY-ST-ZIP	LIVERNE MN 56156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald McCoy	
STREET ADDRESS	10 Roundwind Road	
CITY-ST-ZIP	LIVERNE MN 56156	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Bosch	
STREET ADDRESS	10 Roundwind Road	
CITY-ST-ZIP	LIVERNE MN 56156	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Brandair	
STREET ADDRESS	10 Roundwind Road	
CITY-ST-ZIP	LIVERNE MN 56156	
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		

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: **X Donald D. McCoy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 557-283-9195
Date Daytime Phone #

CF2E034 (10/00)