

# 1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005019

Entity Name

TERNA DIRECT INSURANCE AGENCY, INC.

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90008 048 \*\*\*150.00

Principal Place of Business

Mailing Address

PARK AVENUE  
BALTIMORE MD 21201

520 PARK AVENUE  
BALTIMORE MD 21201

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

42-1489645

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

CT 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BAIRD, PATRICK S  
STREET ADDRESS 4333 EDGEWOOD RD. NE  
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE D ☒ Delete  
NAME VERMIE, CRAIG D  
STREET ADDRESS 4333 EDGEWOOD RD. NE  
CITY-ST-ZIP CEDAR RAPIDS IA 52499

TITLE P ☐ Delete  
NAME SMITH, BRIAN  
STREET ADDRESS 20 MOORES RD.  
CITY-ST-ZIP FRAZER PA 19355

TITLE V ☐ Delete  
NAME REKOSKI, DAVID G  
STREET ADDRESS 520 PARK AVENUE  
CITY-ST-ZIP BALTIMORE MD 21201

TITLE S ☐ Delete  
NAME LATCHFORD, PAUL C  
STREET ADDRESS 520 PARK AVENUE  
CITY-ST-ZIP BALTIMORE MD 21201

TITLE T ☐ Delete  
NAME MCCONNELL, MARTHA A  
STREET ADDRESS 520 PARK AVENUE  
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE D ☐ Change ☒ Addition  
NAME MICHAEL EUBANKS  
STREET ADDRESS 520 PARK AVE.  
CITY-ST-ZIP BALTIMORE, MD 21201

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

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

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

1/23/2001

Daytime Phone #