

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90179 023 ***150.00

DOCUMENT # H85190

1. Entity Name

Liberty American Premium Finance Company

Principal Place of Business

7785 66TH ST N.
P.O. BOX 8080
PINELLAS PARK FL 33780-8080
US

Mailing Address

7785 66TH ST N.
P.O. BOX 8080
PINELLAS PARK FL 33780-8080
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

59-2701288

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

BLACKLIDGE, RAYMOND M G
7785 66 TH STREET NORTH
PINELLAS PARK FL 33781

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 **VD** ☒ Delete
NAME **JERGER, DEAN W.**
STREET ADDRESS **7949 9TH AVE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **C.** ☐ Change ☒ Addition
NAME **James J. Maquire**
STREET ADDRESS **215 Dreshertown Road**
CITY-ST-ZIP **Ft. Washington, PA 19034**

TITLE **VD** ☒ Delete
NAME **JERGER, JR. R**
STREET ADDRESS **7963 9TH AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **PD** ☐ Change ☒ Addition
NAME **P. Daniel Eldridge**
STREET ADDRESS **10481 Cromwell Grove Terrace**
CITY-ST-ZIP **Orlando, FL 32827**

TITLE **PDC** ☒ Delete
NAME **JERGER, THOMAS J.**
STREET ADDRESS **10305 61ST CT NORTH**
CITY-ST-ZIP **PINELLAS PK FL 34666**

TITLE **DV** ☐ Change ☐ Addition
NAME **Craig P. Keller**
STREET ADDRESS **29 Woodcroft Road**
CITY-ST-ZIP **Haverton, PA 19083**

TITLE **DVST** ☐ Delete
NAME **BLACKLIDGE, RAYMOND M.**
STREET ADDRESS **28810 FALLING LEAVES WAY**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

4/27/00

Date

121-546-8911

Daytime Phone #

CR2E034 (9/99)