

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90167 021 \*\*\*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**

**11009430**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2701288**

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**

**ELDRIDGE, P. DANIEL**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **C** ☐ Delete  
**NAME** **MAGUIRE, JAMES J**  
**STREET ADDRESS** **215 DRESHERTOWN ROAD**  
**CITY-ST-ZIP** **FORT WASHINGTON PA 19034**

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

**TITLE** **PD** ☐ Delete  
**NAME** **ELDRIDGE, P. DANIEL**  
**STREET ADDRESS** **1540 GULF BLVD #202**  
**CITY-ST-ZIP** **CLEARWATER FL 33767**

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

**TITLE** **DVS** ☐ Delete  
**NAME** **KELLER, CRAIG P**  
**STREET ADDRESS** **29 WOODCROFT ROAD**  
**CITY-ST-ZIP** **HAVERTOWN PA 19083**

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

**TITLE** **DTV** ☐ Delete  
**NAME** **MEYER, T. BRUCE**  
**STREET ADDRESS** **506 BROOKTREE COURT**  
**CITY-ST-ZIP** **LUTZ FL 33549**

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

**TITLE** **DV** ☐ Delete  
**NAME** **SADLER, CHARLES B**  
**STREET ADDRESS** **11722 WALKER AVE**  
**CITY-ST-ZIP** **SEMINOLE FL 33772**

**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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*SIGNATURE OF REGISTERED AGENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03 727-546-8911-12.8**

Date

Daytime Phone #

CR2E034 (10/02)