

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94153

1. Entity Name

FEDERATED PREMIUM FINANCE, INC.

FILED

Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90063 001 \*\*\*158.75

Principal Place of Business

Mailing Address

4161 NW 5 STREET  
PLANTATION FL 33317  
US

P. O. BOX 5347  
FORT LAUDERDALE FL 33310-5347  
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

65-0009813

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

DOYLE, PATRICK D  
4161 N.W. 5TH STREET  
PLANTATION FL 33317

Name

Samuel A. Milne

Street Address (P.O. Box Number is Not Acceptable)

4161 N.W. 5 Street

City

Plantation

FL

Zip Code

33317

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

*Samuel A. Milne*  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	YOUNG, STEPHEN	4161 N.W. 5TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DOYLE, PATRICK D	4161 N.W. 5TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LAWSON, MICHELE V.	4161 N.W. 5TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LAWSON, EDWARD J.	4161 N.W. 5TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RAYMOND, RONALD A.	4161 N.W. 5TH STREET	PLANTATION FL 33317	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LEONARD, CARLA L	4161 N.W. 5TH STREET	PLANTATION FL 33317	<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)(l), 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:

*Stephen C. Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
581-9993

CR2E034 (9/99)