

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2001 8:00 am**  
**Secretary of State**

08-23-2001 90001 020 \*\*\*550.00

DOCUMENT # P00427

1. Entity Name  
 MERCURY FINANCE COMPANY OF FLORIDA

Principal Place of Business  
 100 FIELD DR  
 340  
 LAKE FOREST IL 60045-2580  
 US

Mailing Address  
 100 FIELD DR  
 340  
 LAKE FOREST IL 60045-2580  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3259211

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

CT CORPORATION SYSTEM  
 1200 S. 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.

(If 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 \$550.00**  
 After September 12, 2001 Fee will be \$750.00  
 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  
 PCEO  
 HARSHFIELD, EDWARD G  
 100 FIELD DRIVE SUITE #340  
 LAKE FOREST IL 60045 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 WEEDEN, JEFFREY B CFO  
 100 FIELD DRIVE SUITE #340  
 LAKE FOREST IL 60045 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 S  
 DAPIER, MARK E  
 100 FIELD DRIVE SUITE #340  
 LAKE FOREST IL 60045 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T  
 BERKOW, DAVID W  
 100 FIELD DR STE 340  
 LAKE FOREST IL 60045 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Randal O. Roan ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 C  
 WHITMAN, MARK D.  
 100 FIELD DR  
 LAKE FOREST IL 60045 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MARK D. WHITMAN ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 AVP  
 Christopher M. Denver  
 100 Field Dr. Ste. 340  
 Lake Forest, IL 60045 ☐ Change ☒ Addition

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 REQUIRED**

7/12/01

(847) 295-8000

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00427**

**-C0075480**

1. Entity Name

**MERCURY FINANCE COMPANY OF FLORIDA**

Principal Place of Business

Mailing Address

100 FIELD DR  
340  
LAKE FOREST IL 60045-2580  
US

100 FIELD DR  
340  
LAKE FOREST IL 60045-2580  
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 **36-3259211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$3.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

is 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	PCEO	<input type="checkbox"/> Delete
NAME	HARSHFIELD, EDWARD G	
STREET ADDRESS	100 FIELD DRIVE SUITE #340	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEEDEN, JEFFREY B CFO	
STREET ADDRESS	100 FIELD DRIVE SUITE #340	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAPIER, MARK E	
STREET ADDRESS	100 FIELD DRIVE SUITE #340	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERKOW, DAVID W	
STREET ADDRESS	100 FIELD DR STE 340	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	C	<input type="checkbox"/> Delete
NAME	WHITMAN, MARK D	
STREET ADDRESS	100 FIELD DR	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randal O. Roan	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/01**

**847-255-8400**

*Attachment  
7/12/2001  
called -  
(850) 245-6059  
option 2  
no record on database  
box to Leslie  
850-245-6017  
name & phone #  
check not  
clear  
Reissued 7/12/2001*