

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30436

1. Entity Name

UNITED COMPANIES LENDING CORPORATION

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90064 001 \*\*\*150.00

Principal Place of Business

Mailing Address

4041 ESSEN LANE  
P. O. BOX 1591  
BATON ROUGE LA 70809  
US

ATTN: LEGAL COMPLIANCE  
P.O. BOX 1591  
BATON ROUGE LA 70821-1591  
US

00006900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8549 United Plaza Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baton Rouge, LA

City & State

4. FEI Number

72-1168195

Applied For

Not Applicable

Zip

70809

Country East

Baton Rouge Parish

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPBELL, ROBIN P	
STREET ADDRESS	4041 ESSEN LANE	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	CLINE, ANDREW	
STREET ADDRESS	4041 ESSEN LANE	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, KENT	
STREET ADDRESS	4041 ESSEN LANE	
CITY-ST-ZIP	BATON ROUGE LA 70809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Anderson	
STREET ADDRESS	8549 United Plaza Blvd.	
CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesse O. Griffin	
STREET ADDRESS	8549 United Plaza Blvd.	
CITY-ST-ZIP	Baton Rouge, LA 70809	
TITLE		<input 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		<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:

*Robin P. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

225-987-2224

Date

Daytime Phone #

Robin P. Campbell

CP25024 / 0000