

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083725

1. Entity Name

PRODIGY FINANCIAL HOLDINGS, INC.

Principal Place of Business

3273 MEADOW RUN DR  
VENICE FL 34293-1430

Mailing Address

3273 MEADOW RUN DR  
VENICE FL 34293-1430

2. Principal Place of Business

482 SCHOONER STREET

3. Mailing Address

482 SCHOONER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT FL.

City & State

NORTH PORT FL.

Zip

34287-6519

Country

USA

Zip

34287-6519

Country

USA

4. FEI Number

65-0536755

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARIVIERE, MAURICE L  
3273 MEADOW RUN DRIVE  
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

MAURICE L. LARIVIERE

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

482 SCHOONER STREET

City

NORTH PORT

FL

Zip Code

34287-6519

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

*Maurice L. Lariviere* - MAURICE L. LARIVIERE

4/16/01

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, 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

TITLE P  
NAME LARIVIERE, MAURICE L  
STREET ADDRESS 3273 MEADOW RUN DR  
CITY-ST-ZIP VENICE FL 34293-1430 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME LARIVIERE, MAURICE L.  
STREET ADDRESS 482 SCHOONER STREET  
CITY-ST-ZIP NORTH PORT, FL. 34287-6519 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Maurice L. Lariviere* (MAURICE L. LARIVIERE) 4/16/01 (941) 428-8439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0546088

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE