

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065076

1. Entity Name

CENTURY PLUS FINANCIAL, INC.

Principal Place of Business

1029 DELACROIX CIR.
NOKOMIS FL 34275

Mailing Address

PO BOX 1460
NOKOMIS FL 34275

2. Principal Place of Business

333 S. TAMiami TRAIL

3. Mailing Address

333 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

Zip

34285

Country

SARASOTA

Zip

34285

Country

SARASOTA

4. FEI Number

65-0850632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAUDENSLAGER, JOHN P
1029 DELACROIX CIR.
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name ROBERT C MOREY

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

333 S. TAMiami TRAIL

City

VENICE

FL

Zip Code

34285

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE PD
NAME PETERSON, MARK
STREET ADDRESS 1474 TRUNE WAY
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE V
NAME MATTERN, KEN
STREET ADDRESS 4036 PALAU DR
CITY-ST-ZIP SARASOTA FL 34241 ☒ Delete

TITLE TD
NAME LAUDENSLAGER, JOHN P
STREET ADDRESS 1029 DELACROIX CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275 ☒ Delete

TITLE D
NAME MOREY, ROBERT C
STREET ADDRESS 1474 TRUNE WAY
CITY-ST-ZIP VENICE FL 34292 ☐ 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 D VP ☒ Change ☐ Addition

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 D P ☒ Change ☐ Addition

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, a 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

941-484 3031

Daytime Phone #

CR2E034 (5/00)