

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065076

1. Entity Name  
CENTURY PLUS FINANCIAL, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90123 003 \*\*\*550.00

Principal Place of Business  
1029 DELACROIX CIR.  
NOKOMIS FL 34275

Mailing Address  
PO BOX 1460  
NOKOMIS FL 34275

DUU7JUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
333 S. TAMiami TRAIL

3. Mailing Address  
333 S. TAMiami TRAIL

City & State  
VENICE FL

City & State  
VENICE FL

4. FEI Number  
65-0850632

Applied For  
Not Applicable

Zip  
34285

Country  
SARASOTA

Zip  
34285

Country  
SARASOTA

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

LAUDENSLAGER, JOHN P  
1029 DELACROIX CIR.  
NOKOMIS FL 34275

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
7/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE D  
NAME MOREY, ROBERT C  
STREET ADDRESS 1474 TRUNE WAY  
CITY-ST-ZIP VENICE FL 34292  Delete

TITLE D P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7/25/00 DAYTIME PHONE #: 941-484 3031

CR2E034 (5/00)