

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2000 90072 010 \*\*\*150.00

**DOCUMENT # P05457**

1. Entity Name

**IFN INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

6610 WEST BROAD STREET  
 RICHMOND VA 23230

6610 WEST BROAD STREET  
 RICHMOND VA 23230-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-1304309**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARSON, DAVID H</b>	
STREET ADDRESS	<b>6013 CHESTNUT HILL DR</b>	
CITY-ST-ZIP	<b>GLRN ALLON VA 23060</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BOBITZ, WARD E</b>	
STREET ADDRESS	<b>711 ROCKFORD RD</b>	
CITY-ST-ZIP	<b>MANAKIN-SABOT VA 23103</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHINN, ROBERT D.</b>	
STREET ADDRESS	<b>2961 ELLESMERE DR.</b>	
CITY-ST-ZIP	<b>MIDLOTHIAN VA</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNOWLES, JOHN L.</b>	
STREET ADDRESS	<b>3216 NUTLEY COURT</b>	
CITY-ST-ZIP	<b>RICHMOND VA</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>STIFF, GEOFFREY S</b>	
STREET ADDRESS	<b>6610 W BRAOD ST</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23230</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Secretary &amp; V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONITA M. KING</b>	
STREET ADDRESS	<b>8100 Cavendish Lane</b>	
CITY-ST-ZIP	<b>Richmond, VA 23227</b>	
TITLE	<b>V.P. &amp; ASST. SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eugene Koster</b>	
STREET ADDRESS	<b>6630 W. Broad St.</b>	
CITY-ST-ZIP	<b>Richmond, VA 23230</b>	
TITLE	<b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas M. Stinson</b>	
STREET ADDRESS	<b>1488 Stage Coach Rd</b>	
CITY-ST-ZIP	<b>Manakin Sabot, VA 23103</b>	
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:** *Donita M. King* **REQUIRED**

*3/17/00*

**804-281-6381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\P2\004 (9/00)