## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **F97000004969** May 18, 2000 8:00 am Secretary of State ADVANCE AMERICA, CASH ADVANCE CENTERS OF FLORIDA 05-18-2000 90314 022 \*\*\*150.00 Principal Place of Business Mailing Address 961 E. MAIN ST P.O. BOX 3058 SPARTANBURG SC 29304-3524 SPARTANBURG SC 29304-3058 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2333774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR ☐ Addition President **PCEO** ☐ Delete TITLE TITLE NAME NAME WEBSTER, WILLIAM M IV STREET ADDRESS STREET ADDRESS 961 E. MAIN ST CITY-ST-ZIP CITY-ST-7IP SPARTANBURG SC 29304-3524 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HALL, WAYNE W STREET ADDRESS STREET ADDRESS 961 E. MAIN ST CITY-ST-ZIP CITY-ST-ZIP SPARTANBURG SC 29304-3524 🗀 Delete IIILE TITLE NAME Johnson, George d Jr NAME STREET ADDRESS STREET ADDRESS 961 E. MAIN ST CITY-ST-ZIP CITY-ST-ZIP SPARTANBURG SC 29304-3524 Change Change Addition Delete TITLE TITLE MCKENZIE, STEVE A NAME STREET ADDRESS STREET ADDRESS 650 25TH ST, 5TH FLOOR CITY-ST-ZIP CLEVELAND TN\_37320 ☐ Change Addition Delete TITLE TITLE AS NAME ALLIE, MONICA L NAME STREET ADDRESS STREET ADDRESS 961 E. MAIN ST. CITY-ST-ZIP CITY-ST-ZIP SPARTANBURG SC 29302 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #