

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90117 001 \*\*\*300.00

**DOCUMENT # P36983**

1. Entity Name

**EQUICREDIT CORPORATION OF AMERICA**

Principal Place of Business

Mailing Address

**10401 DEERWOOD PARK BLVD  
 LEGAL DEPARTMENT  
 JACKSONVILLE FL 32256  
 US**

**10401 DEERWOOD PARK BLVD  
 LEGAL DEPARTMENT  
 JACKSONVILLE FL 32256-0505  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3080938**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES B. DODD  
 10401 DEERWOOD PARK BLVD  
 LEGAL DEPT.  
 JACKSONVILLE FL 32256**

Name

**JAMES B. DODD**

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

**9000 Southside Boulevard**

**Legal Dept. (FL9-100-06-09)**

City

**Jacksonville**

**FL**

Zip Code

**32256**

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  Delete  
 NAME **P ROSS, WILLIAM M**  
 STREET ADDRESS **1021 SORRENTO RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **EVP KENNETH F. JONES**  
 STREET ADDRESS **101 INDIAN COVE LANE**  
 CITY-ST-ZIP **PT. VEDRA BCH. FL 32082**

TITLE  Change  Addition  
 NAME **SVP/Director Harold Lewis**  
 STREET ADDRESS **10401 Deerwood Park Blvd.**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE  Delete  
 NAME **S JAMES B. DODD**  
 STREET ADDRESS **14282 CRYSTAL COVE DR. S.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MICHAEL E. FRANZ**  
 STREET ADDRESS **1769 FIDDLERS RIDGE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Change  Addition  
 NAME **SVP/Treas/Controller Leslie Weimer**  
 STREET ADDRESS **10401 Deerwood Park Blvd.**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SVP/Director Bob Holz**  
 STREET ADDRESS **10401 Deerwood Park Blvd.**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(f), 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:**

**JAMES B. DODD, SECRETARY 02/08/00 (904) 464-5027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)