

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90090 038 ****61.25

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DOCUMENT # 710286

1. Entity Name

ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.

Principal Place of Business

4250 KELSON AVE.
 MARIANNA FL 32446
 US

Mailing Address

P.O. BOX 764
 MARIANNA FL 32447
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6142091**

Applied For

Not Applicable

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

HUGHES, DONALD D
4250 KELSON AVE.
MARIANNA FL 32446

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

Donald D. Hughes

1-3-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **KRONE, ROBERT**
 STREET ADDRESS **134 S TAMPA ST.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BRACKETT, ROBERT**
 STREET ADDRESS **2066 14 AVE**
 CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **VON DER OSTON, JO ANN**
 STREET ADDRESS **711 ELGIN PKWY N.E.**
 CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **HUGHES, DONALD D**
 STREET ADDRESS **4250 KELSON AVE.**
 CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MCDONELS, MIKE**
 STREET ADDRESS **109 S.E. 1ST ST.**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Donald D. Hughes

1-3-01

850.5263804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)