

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749834

1. Entity Name

TOWING AND RECOVERY ASSOCIATION OF AMERICA, INC.

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90108 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2200 MILL RD  
ALEXANDRIA VA 22314-4677  
US

2200 MILL RD  
ALEXANDRIA VA 22314-4654  
US

2. Principal Place of Business

2181 Eisenhower Ave

3. Mailing Address

2181 Eisenhower Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State  
Alex, VA.

City & State  
Alex, VA

Zip

Country

Zip

Country

22314

US

22314

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1942901

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	M COOLEY, HARRIET S 2200 MILL ROAD ALEXANDRIA VA 22314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIORGIS, WILLIAM 2809 MAPLEWOOD ST SAGINAW MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREWER, SAM 820 S BROAD ST BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, ROGER 4534 POPLAR LEVEL RD. LOUISVILLE KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, MIKE 2509 BROWNS BRIDGE ROAD GAINESVILLE GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMIDT, CHUCK 1061 NORTHERN BLVD ROSLYN NY	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Harriet S. Cooley*  
Harriet S. Cooley

703-684-2713

CR2:037 (9/9/1)