

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001377

1. Entity Name

EQCC RECEIVABLES CORPORATION

Principal Place of Business

10401 DEERWOOD PARK BLVD  
JACKSONVILLE FL 32256  
US

Mailing Address

LEGAL DEPARTMENT  
P.O. BOX 53077  
JACKSONVILLE FL 32201-3077

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

59-3170055

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 PLINE 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

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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, WILLIAM M		NAME	William M. Ross	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	SVP/Treas./Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, MICHAEL E		NAME	Leslie Weimer	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JOHN C		NAME	H. Curtis Jordan	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRUCCI, MARK A		NAME	Kim E. Luttans	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITCHER, ROBERT C.		NAME	Camilia M. Denny	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JOHN D JR		NAME	James B. Dodd	
STREET ADDRESS	10401 DEERWOOD PARK BLVD		STREET ADDRESS	10401 Deerwood Park Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)