

# 2000 UNIFORM BUSINESS REPORT (UBR)

003264

DOCUMENT # F98000000395

1. Entity Name

STUDENT LOAN RECOVERY CENTER, INC.

APPROVED  
AND  
FILED

00 MAY -1 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 WATER ST. S/C J-160  
JACKSONVILLE FL 32202

500 WATER ST. S/C J-160  
JACKSONVILLE FL 32202-4423

2. Principal Place of Business

3. Mailing Address

859 Waterman Road South

PMB 102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4446 Hendricks Avenue

City & State  
Jacksonville, Florida

City & State  
Jacksonville, Florida

4. FEI Number 59-3483003

Applied For  
Not Applicable

Zip  
32207

Country  
U.S.A.

Zip  
32207

Country  
U.S.A.

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

AFTOORA, PATRICIA J  
500 WATER ST, S/C J-160  
JACKSONVILLE FL 32202

Name  
Joseph P. Moorer, Jr.  
Street Address (P.O. Box Number is Not Acceptable)

547 LeMaster Drive

City  
Ponte Vedra Beach FL Zip Code 32082

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 Joseph P. Moorer, Jr., Registered Agent

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LARSON, S.R.  
901 E. CARY ST  
RICHMOND VA 23219 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres. Dir., Secretary, ☒ Change ☐ Addition  
Joseph P. Moorer, Jr.  
547 LeMaster Drive  
Ponte Vedra Beach, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SCHWINGER, B.A.  
301 W. BAY ST  
JACKSONVILLE FL 32202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, T, D  
Nathan Groff  
859 Waterman Road South  
Jacksonville, FL 32207 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOOR, D.A.  
901 E. CARY ST  
RICHMOND VA 23219 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003260123--6  
05/19/00-0115-001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
AFTOORA, P.J.  
500 WATER ST, S/C J-160  
JACKSONVILLE FL 32202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*150.00 \*\*\*\*150.00 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
TILBROOK, J.  
301 W. BAY ST  
JACKSONVILLE FL 32202 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: Nathan Groff Vice-President/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 396-7842

Daytime Phone #

CR2E034 (9/99)