

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004201

1. Entity Name

OUTSOURCE FUNDING CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90479 028 ***150.00

Principal Place of Business Mailing Address
1144 E. NEWPORT CENTER DR. STE 2A 1144 E. NEWPORT CENTER DR. STE 2A
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-7725

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0856033

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 PTD
NAME FRANCIS, SCOTT R
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ Delete

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

TITLE V
NAME WASCH, JOSEPH C
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

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

TITLE VS
NAME NUGENT, BRIAN M
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ Delete

TITLE VPT
NAME Peterson, Jon H.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442 ☐ Change ☒ Addition

TITLE D
NAME STIDD, ANDREW L
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ Delete

TITLE D
NAME Meier, Garry E.
STREET ADDRESS 1144 E. Newport Center Drive
CITY-ST-ZIP Deerfield Beach, FL 33442 ☐ Change ☒ Addition

TITLE D
NAME BURNS, KEVIN P
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ Delete

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

TITLE D
NAME BURRELL, PAUL M
STREET ADDRESS 1144 E. NEWPORT CENTER DR.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)