

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004201

1. Entity Name

OUTSOURCE FUNDING CORPORATION

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90125 012 ***150.00

Principal Place of Business

~~1144 E. NEWPORT CENTER DR. STE 2A~~
~~DEERFIELD BEACH FL 33442~~

Mailing Address

~~1144 E. NEWPORT CENTER DR. STE 2A~~
~~DEERFIELD BEACH FL 33442~~

2. Principal Place of Business

1690 SOUTH CONGRESS AVE

3. Mailing Address

1690 SOUTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE 210

City & State

DELRAY BEACH FL
33445

Country

US

Suite, Apt. #, etc.

SUITE 210

City & State

DELRAY BEACH FL
33445

Country

US

4. FEI Number

65-0856033

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

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, 2001 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
PCFO
FRANCIS, SCOTT R
1144 E. NEWPORT CENTER DR.
DEERFIELD BEACH FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
PETERSON, JON H
1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEIER, GARRY E
1144 E NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARRY MEIER
SAME AS ABOVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
MICHAEL SHARP
SAME AS ABOVE ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RICHARD MAZESKY
SAME AS ABOVE ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CAROLYN NOONAN
SAME AS ABOVE ☐ Change ☒ Addition

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

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:

Carolyn M. Noonan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01
Date

8006960856
Daytime Phone #

CR2E034 (10/00)