

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21071

1. Entity Name

FINCA, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90058 018 ***150.00

Principal Place of Business

1216 SOUTH SCENIC HIGHWAY
P O BOX 545
FROSTPROOF FL 33843

Mailing Address

1216 SOUTH SCENIC HIGHWAY
P O BOX 545
FROSTPROOF FL 33843-0545

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

59-2575517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PAUL STEPHEN
201 OLD AVON PARK RD.
FROSTPROOF FL 33843

7. Name and Address of New Registered Agent

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

TITLE DS ☐ Delete
NAME SULLIVAN, INEZ KING
STREET ADDRESS 1216 S. SCENIC HIGHWAY
CITY-ST-ZIP FROSTPROOF, FL

TITLE DVP ☐ Delete
NAME SULLIVAN, PAUL STEPHEN
STREET ADDRESS 201 OLD AVON PARK ROAD
CITY-ST-ZIP FROSTPROOF FL

TITLE DVP ☐ Delete
NAME KEISTER, NANCY SULLIVAN
STREET ADDRESS 6826 MCGREEGAR ST
CITY-ST-ZIP WORTHINGTON OH 43085

TITLE DVP ☐ Delete
NAME LITTLEFORD, ELAINE SULLIVA
STREET ADDRESS 975 FINROD WAY
CITY-ST-ZIP CASSELBERRY, FL

TITLE PD ☐ Delete
NAME WILSON, MARY RUTH SULL
STREET ADDRESS 1 AIRPORT RD
CITY-ST-ZIP FROSTPROOF FL

TITLE DVP ☐ Delete
NAME SULLIVAN, VICTORIA I.
STREET ADDRESS 211 E. CELESTE
CITY-ST-ZIP NEW IBERIA LA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000

Date

863/635-4172

Daytime Phone #

CR2E034 (9/99)