

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H21071**

1. Entity Name

FINCA, INC.

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

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

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	SULLIVAN, INEZ KING	
STREET ADDRESS	1216 S. SCENIC HIGHWAY	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAUL STEPHEN	
STREET ADDRESS	201 OLD AVON PARK ROAD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KEISTER, NANCY SULLIVAN	
STREET ADDRESS	6826 MCGREEGAR ST	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LITTLEFORD, ELAINE SULLIVA	
STREET ADDRESS	975 FINROD WAY	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, MARY RUTH SULL	
STREET ADDRESS	1 AIRPORT RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8954 LAKERIDGE DR	
CITY-ST-ZIP	LOUIS CENTER, OHIO 43035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Sullivan
PAUL STEPHEN SULLIVAN

Date

3/29/01

Daytime Phone #

863/635-4172

CR2E034 (10/00)

CS00817