

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18456

1. Entity Name

FLORIDA PAWNBROKERS ASSOCIATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90105 022 ****61.25

Principal Place of Business

Mailing Address

4527 ARNOLD AVE
NAPLES FL 34104

4527 ARNOLD AVE
NAPLES FL 34104-3339

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

59-2495656

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

SAMS, THOMAS E
4527 ARNOLD AVE
NAPLES FL 34104

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME SPRUNG, MARTIN
STREET ADDRESS 736 NW 183RD ST
CITY-ST-ZIP MIAMI FL 33169

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

TITLE EVPD ☒ Delete
NAME SALADINO, PHIL
STREET ADDRESS 5515 HWY 98N
CITY-ST-ZIP LAKELAND FL 33809-3102

TITLE EVPD ☐ Change ☒ Addition
NAME BUTCH DELHAGEN
STREET ADDRESS 3210 CLARK RD.
CITY-ST-ZIP SARASOTA FL 34231

TITLE TD ☒ Delete
NAME BAINE, DOUG
STREET ADDRESS 2033 PINE RIDGE RD #27
CITY-ST-ZIP NAPLES FL 34109

TITLE TD ☐ Change ☒ Addition
NAME DONNA LETSCH
STREET ADDRESS 7634 S. US HWY 1
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE PD ☐ Delete
NAME SAMS, E. THOMAS
STREET ADDRESS 4527 ARNOLD AVE
CITY-ST-ZIP NAPLES FL 34104

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

TITLE CBD ☐ Delete
NAME GRUBBS, GARY
STREET ADDRESS 12300 SEMINOLE BLVD
CITY-ST-ZIP LARGO FL 33024

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

Thomas E. Sams, Pres. 3.24.00 (941) 659-0955

CR2E037 (9/99)