

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18456

1. Entity Name

FLORIDA PAWNBROKERS ASSOCIATION, INC.

Principal Place of Business

4527 ARNOLD AVE  
NAPLES FL 34104

Mailing Address

4527 ARNOLD AVE  
NAPLES FL 34104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SAMS, THOMAS E  
4527 ARNOLD AVE  
NAPLES FL 34104

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
DELHAGEN, BUTCH  
3210 CLARK RD  
SARASOTA FL 34231

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
ROGER FAIVRE  
611 W. BRANDON BLVD.  
BRANDON, FL 33511

TITLE NAME ☐ Change ☐ Addition  
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 #

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90057 034 \*\*\*\*61.25

715667



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)