

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 008 ****61.25

DOCUMENT # N22762

1. Entity Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS,

Principal Place of Business

Mailing Address

635 W HWY 50
 STE B
 CLERMONT FL 34711
 US

P.O. BOX 121454
 CLERMONT FL 34712-1454
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2994561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KILPATRICK, KELLEY
635 W HWY 50
STE B
CLERMONT FL 34711

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

KELLEY KILPATRICK *Kelley M. Kilpatrick*

04/21/00

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	EDD	<input type="checkbox"/> Delete
NAME	KILPATRICK, JOHN W	
STREET ADDRESS	5120 GEORGE RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	PADGETT, ROBERT	
STREET ADDRESS	2332 CROYDON RD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	<input type="checkbox"/> Delete
NAME	LACER, DEBRA	
STREET ADDRESS	17949 W SR 50	
CITY-ST-ZIP	WINTER GARDEN FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACEK, MARK	
STREET ADDRESS	17949 W SR 50	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	ENDERS, DENNIS H	
STREET ADDRESS	25343 SW 142ND AVE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE	
STREET ADDRESS	744 N. ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEK, DEBRA
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	

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 #

4/21/00 3523945441

CR2E037 (9/99)