

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22762

1. Entity Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS,

Principal Place of Business

635 W HWY 50
STE B
CLERMONT FL 34711
US

Mailing Address

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

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2994561

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SAME**

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 M. Kilpatrick

(NOTE: Registered Agent signature required when reinstating)

1/22/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ACTING TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL MEERS	
STREET ADDRESS	1628 N 56th St. #6	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	1ST VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PADGETT	
STREET ADDRESS	2332 CROYDON RD	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL MEERS	
STREET ADDRESS	1628 N. 56th St. #6	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE MARTIN	
STREET ADDRESS	744 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS H. ENDERS	
STREET ADDRESS	25343 SW 142nd AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	3VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG HURST	
STREET ADDRESS	460 N. SR 7	
CITY-ST-ZIP	PLANTATION, FL 33317	

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 817, 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:

George Martin REQUIRED

1/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90107 010 ****70.00

28094--



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)