

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 024 ****61.25

DOCUMENT # N22762

1. Entity Name

**FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS,
INC.**



Principal Place of Business

635 W HWY 50
STE D
CLERMONT FL 34711
US

Mailing Address

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

2. Principal Place of Business

4745 NE 36 Ave

3. Mailing Address

PO Box 4524

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number **59-2994561**

Applied For

Not Applicable

Zip

34479

Country

Zip

34478

Country

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 D
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

Ken McCoy

Street Address (P.O. Box Number is Not Acceptable)

7752 Hwy 146 Ste

City

Mid Lake Fla.

FL

Zip Code

33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ken McCoy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **KILPATRICK, JOHN W**
STREET ADDRESS **5120 GEORGE RD**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PD** ☒ Delete
NAME **PADGETT, ROBERT**
STREET ADDRESS **2332 CROYDON RD**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **ED** ☐ Delete
NAME **MEEKS, DANIEL**
STREET ADDRESS **7628 N 56TH ST #6**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VD** ☒ Delete
NAME **ENDERS, DENNIS H**
STREET ADDRESS **25343 SW 142ND AVE**
CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE **2VD** ☒ Delete
NAME **HURST, DOUG**
STREET ADDRESS **480 N SR 7**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D.** ☐ Change ☒ Addition
NAME **Vernon Ansell**
STREET ADDRESS **4745 NE 36 Ave**
CITY-ST-ZIP **Ocala, FL**

TITLE **TD** ☐ Change ☒ Addition
NAME **Phillip Snyder**
STREET ADDRESS **P.O. Box 13432**
CITY-ST-ZIP **Tampa FL 33681**

TITLE **V.D.** ☐ Change ☒ Addition
NAME **E.A. Lagombe**
STREET ADDRESS **1532 US 41 Bypass S. Ste 300**
CITY-ST-ZIP **Venice FL 34243**

TITLE **3.V.D.** ☐ Change ☒ Addition
NAME **Larry Fisher**
STREET ADDRESS **P.O. Box 268494**
CITY-ST-ZIP **Tamarac FL 33322**

TITLE ☐ Change ☐ Addition
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 REQUIRED

4/25/03

CR2E037 (10/02)