## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am **DOCUMENT # N30168 Secretary of State** 1. Entity Name 02-04-2002 90022 021 \*\*\*\*61.25 CARD SERVICES FOR CREDIT UNIONS, INC. Principal Place of Business Mailing Address 15950 BAY VISTA DRIVE 15950 BAY VISTA DRIVE SUITE 390 SUITE 390 CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2941216 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HACKNEY, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 15950 BAY VISTA DRIVE SUITE 390 **CLEARWATER FL 33760** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition E037 (9/01 BREAM, BOB NAME NAME 11545 W. TOUHY AVENUE STREET ADDRESS STREET ADDRESS CHICAGO IL 60666 CITY-ST-ZIP CITY-ST-ZIP VC ☐ Change TITLE ☐ Delete TITLE ☐ Addition HUNT. BOB NAME NAME 1551 SOUTH 9TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KALAMAZOO MI 49009-9459 CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE ☐ Change WERNER, KONNIE NAME NAME P.O. BOX 1260 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAGINAW MI 48606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUBER, DENNIS J NAME NAME STREET ADDRESS 3810 DURBIN STREET STREET ADDRESS CITY-ST-ZIP IRWINDALE CA 91706 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CROMER, RAY NAME NAME 440 NORTH MONROE STREET STREET ADDRESS STREET ADDRESS

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 the empowered.

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

TALLAHASSEE FL 32301

HACKNEY, ROBERT R III

15950 BAY VISTA DRIVE

**CLEARWATER FL 33760** 

☐ Delete

☐ Change

■ Addition

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