

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002505

1. Entity Name

GREAT RECOVERIES, INC.

Principal Place of Business

Mailing Address

933 KENDALL DR
TALLAHASSEE FL 32301

933 KENDALL DR
TALLAHASSEE FL 32301-7033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1650054

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

BOZEMAN, BARBARA J
933 KENDALL DR
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BOZEMAN, BARBARA J
STREET ADDRESS 933 KENDALL DR
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE VPD ☐ Delete
NAME MITCHELL, MARY
STREET ADDRESS 2130 CHARTER OAK DR
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE 2VPD ☐ Delete
NAME BOZEMAN, SABRINA K
STREET ADDRESS 57 FORSYTH ST NW STE 1150
CITY-ST-ZIP ATLANTA GA 30303

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

TITLE S ☐ Delete
NAME AVENT, MARY F
STREET ADDRESS 1515-63 PAUL RUSSELL RD
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE TD ☐ Delete
NAME GRIFFIN, HARRIET
STREET ADDRESS 3194 NOTRE DAME ST
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara J. Bozeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JAN 26 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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