

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90044 012 ****61.25

DOCUMENT # N95000002505

1. Entity Name

GREAT RECOVERIES, INC.

Principal Place of Business

933 KENDALL DR
TALLAHASSEE FL 32301

Mailing Address

933 KENDALL DR
TALLAHASSEE FL 32301

2. Principal Place of Business

435 St. Francis St.

Suite, Apt. #, etc.

City & State

Tallahassee Fla

Zip
32301

Country

LEON

3. Mailing Address

P.O. Box 7143

Suite, Apt. #, etc.

City & State

Tallahassee Fla

Zip

32314

Country

LEON



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1650054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOZEMAN, BARBARA J
933 KENDALL DR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOZEMAN, BARBARA J	
STREET ADDRESS	933 KENDALL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MITCHELL, MARY	
STREET ADDRESS	2130 CHARTER OAK DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	BOSEMAN, SABRINA K	
STREET ADDRESS	57 FORSYTH ST NW STE 1150	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVENT, MARY F	
STREET ADDRESS	1515-63 PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIFFIN, HARRIET	
STREET ADDRESS	3194 NOTRE DAME ST	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

CR2E037 (10/00)