

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

APPROVED
AND
FILED

DOCUMENT # **N95000002505**

1. Entity Name

Great Recoveries Inc.

02 MAY -7 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

435 St. Francis St.

3. Mailing Address

P.O. BOX 7143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fla.

City & State

Tallahassee, Fla.

4. FEI Number

31-1450054

Applied For

Not Applicable

Zip

32301

Country

U.S.A. (Leon)

Zip

32314

Country

U.S.A. Leon

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Barbara Bozeman

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

435 St. Francis Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Barbara J. Bozeman

Barbara J. Bozeman

May 7, 2002

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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: **President/Dir**
NAME: **Barbara Bozeman**
STREET ADDRESS: **933 Kendall Dr.**
CITY-ST-ZIP: **Tallahassee Fla. 32301**

TITLE: **300005555319--3**
NAME: **-05/16/02--01065--004**
STREET ADDRESS: *******70.00 *****70.00**
CITY-ST-ZIP:

TITLE: **Vice President/Dir**
NAME: **Mary Mitchell**
STREET ADDRESS: **2139 Alachua Ave**
CITY-ST-ZIP: **Tallahassee Fla 32309**

TITLE: **SECRETARY**
NAME: **Mary Avenue Russell**
STREET ADDRESS: **1515-63 Paul Res Rd.**
CITY-ST-ZIP: **Tallahassee Fla 32301**

TITLE: **2nd Vice President**
NAME: **Gabriela K. Bozeman**
STREET ADDRESS: **3395 Longlake Dr**
CITY-ST-ZIP: **Burton Fla 32031**

TITLE: **Treasurer/Dir**
NAME: **Harriet Griffin**
STREET ADDRESS: **3194 Notre Dame St**
CITY-ST-ZIP: **Tallahassee Fla 32310**

TITLE: **John**
NAME: **John**
STREET ADDRESS: **John**
CITY-ST-ZIP:

TITLE: **John**
NAME: **John**
STREET ADDRESS: **John**
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Bozeman **Barbara J. Bozeman** **5/7/02** **2224420** **(850)**

CR2E037B (12/01)