

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90005 046 \*\*\*\*61.25

**DOCUMENT # N97000002182**

1. Entity Name

VPC MERCHANTS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7053 NW 3RD AVE  
 BOCA RATON FL 33487  
 US

PO BOX 812441  
 BOCA RATON FL 33481-2441  
 US

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

65-0842187

Applied For

Not Applicable

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

PASSMORE, C E  
 7053 NW 3RD AVE  
 BOCA RATON FL 33487

Name

WILLIAM FAIRMAN

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

4281 NW 1ST AVENUE

City

BOCA RATON,

FL

Zip Code  
 33431

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

*W Fairman*

*W Fairman*

2/15/99

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	DP	<input type="checkbox"/> Delete
NAME	VECCIA, JOSEPH	
STREET ADDRESS	431 NE 10TH TERR.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PASSMORE, C.E.	
STREET ADDRESS	7053 NW 3 AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CRYAN, GREGORY	
STREET ADDRESS	1693 SABAL PALM DR	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*W Fairman*

CR2E037 (9/99)

