

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004105

1. Entity Name

INVESTMENT FRAUD RESTORATION FINANCING CORPORATI

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90064 020 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br>C/O HORACE SCHOW II<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308 | Mailing Address<br>C/O HORACE SCHOW II<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308-7772 |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3533807</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>SCHOW, HORACE II<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>HUFFCUT, WILLIAM H<br>PL-09 THE CAPITAL<br>TALLAHASSEE FL 32399-0350 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DC<br>HUFFCUT, WILLIAM H.<br>PL 09 THE CAPITOL<br>TALLAHASSEE FL 32399-0350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BELL, WILLIAM O III<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>C.C. STIPANOVICH<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MULLIKIN, KRISTEN P<br>PL-09 THE CAPITOL<br>TALLAHASSEE FL 32399-0350 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>HERNANDEZ, GEMA C.<br>4040 ESPLANADE WAY<br>TALLAHASSEE FL 32399-7000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HERNANDEZ, GEMA C<br>4040 ESPLANDE WAY<br>TALLAHASSEE FL 32399-7000 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIGGINS, ROBIN L<br>1353 LAFAYETTE, STE #C<br>TALLAHASSEE FL 32301 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HERNDON, TOM<br>1801 HERMITAGE BLVD<br>TALLAHASSEE FL 32308 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:

*Tom Herndon* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

Daytime Phone #

CR2E037 (9/99)