

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90047 022 \*\*\*\*61.25

0001043

**DOCUMENT # N98000004105**

Entity Name

**INVESTMENT FRAUD RESTORATION FINANCING CORPORATI**

**912679**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O HORACE SCHOW II**  
**1801 HERMITAGE BLVD**  
**TALLAHASSEE FL 32308**

Mailing Address  
**C/O HORACE SCHOW II**  
**1801 HERMITAGE BLVD**  
**TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3533807**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHOW, HORACE II**  
**1801 HERMITAGE BLVD**  
**TALLAHASSEE FL 32308**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DC**  
**HUFFCUT, WILLIAM H**  
**PL 09 THE CAPITOL**  
**TALLAHASSEE FL 32399-0350**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**STIPANNOVICH, C C**  
**1801 HERMITAGE BLVD**  
**TALLAHASSEE FL 32308**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**Stipanovich, C.C.**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**MULLIKIN, KRISTEN P**  
**PL-09 THE CAPITOL**  
**TALLAHASSEE FL 32399-0350**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**Mullikin, Kristin P.**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HERNANDEZ, GEMA C**  
**4040 ESPLANADE WAY**  
**TALLAHASSEE FL 32399-7000**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HIGGINS, ROBIN L**  
**1353 LAFAYETTE, STE #C**  
**TALLAHASSEE FL 32301**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**2540 Executive Center Circle West,**  
**Suite 100**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**HERNDON, TOM**  
**1801 HERMITAGE BLVD**  
**TALLAHASSEE FL 32308**

☐ Delete

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/01**

CR2E037 (10/00)