

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90095 005 \*\*\*\*61.25

**DOCUMENT # N98000004105**

1. Entity Name

**INVESTMENT FRAUD RESTORATION FINANCING CORPORATI  
ON**

Principal Place of Business

Mailing Address

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

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

00001120



DO NOT WRITE IN THIS SPACE

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 **Raymond K. Petty**

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

**1801 Hermitage Blvd., Suite 100**

City **Tallahassee**

**FL**

Zip Code  
**32308**

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

*Raymond K. Petty*

**Raymond K. Petty**

**1-23-02**

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

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

TITLE **T** ☐ Delete  
NAME **STIPANOVICH, C.C.**  
STREET ADDRESS **1801 HERMITAGE BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **S** ☐ Delete  
NAME **MILLIKEN, KRISTIN P**  
STREET ADDRESS **PL-09 THE CAPITOL**  
CITY-ST-ZIP **TALLAHASSEE FL 32399-0350**

TITLE ☒ Change ☐ Addition  
NAME **MULLIKIN, KRISTIN P**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **MORSE, LUIS**  
STREET ADDRESS **4040 ESPLANADE WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32399-7000**

TITLE **D** ☒ Delete  
NAME **HIGGINS, ROBIN L**  
STREET ADDRESS **2540 EXECUTIVE CENTER CIRCLE WEST STE 100**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☒ Addition  
NAME **CARROLL, JENNIFER**  
STREET ADDRESS **2540 EXECUTIVE CENTER CIRCLE WEST STE 100**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Change ☐ 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 817, 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 HERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/01**

Date

Daytime Phone #

CR2E037 (9/01)