2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/29/2003-90050-041-$61.25-$61.25

FILED

03 JUN -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004105

1. Entity Name

INVESTMENT FRAUD RESTORATION FINANCING CORPORATION

☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business	3. Mailing Address
c/o Raymond K. Petty	c/o Raymond K. Petty
Suite, Apt. #, etc. 1801 Hermitage Blvd.	Suite, Apt. #, etc. 1801 Hermitage Blvd.
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip / Country 32308 / U.S.A.	Zip / Country 32308 / U.S.A.

4. FEI Number 59-3533807 ☐ 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
PETTY, RAYMOND K 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida 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	P Stipanovich, C.C. 1801 Hermitage Blvd. Tallahassee FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STIPANOVICH, C.C. 1801 HERMITAGE BLVD TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jarriel, Barbara 1801 Hermitage Blvd. Tallahassee FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLIKEN, KRISTEN P PL-09 THE CAPITOL TALLAHASSEE FL 32399-0350	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Rocky McPherson 11351 Ulmerton Road Largo, FL 33778-1630	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORSE, LUIS 4040 ESPLANADE WAY TALLAHASSEE FL 32399-7000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry White 4040 Esplanade Way Tallahassee FL 32399-7000	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, JENNIFER 2540 EXECUTIVE CENTER CIRCLE WEST STE 100 TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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

CR2E037 (10/02)

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: C.C. Stipanovich Executive Director 850/488-4406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #