

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000376

1. Entity Name

NATIONAL ASSOCIATION OF PROPERTY RECOVERY INVEST

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90016 036 ****61.25

Principal Place of Business

Mailing Address

100 BUSH BLVD.
SANFORD FL 32773

100 BUSH BLVD.
SANFORD FL 32773

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

59-3550395

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

FYFE, SCOTT G
100 BUSH BLVD.
SANFORD FL 32773

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

After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME SCOTT FYFE
STREET ADDRESS 100 BUSH BLVD
CITY-ST-ZIP SANFORD FL 32773

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

TITLE V ☐ Delete
NAME RICK FISHER
STREET ADDRESS 2220 15TH STREET
CITY-ST-ZIP GULFPORT, MISSISSIPPI 39501

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

TITLE T ☐ Delete
NAME STORMY THORSON
STREET ADDRESS 3661 EAST VIRGINIA BEACH BLVD
CITY-ST-ZIP NORFOLK, VA 23502

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

TITLE S ☐ Delete
NAME ANN STITHEN
STREET ADDRESS 9065 EAST VIA LINDA DRIVE
CITY-ST-ZIP SCOTTSDALE, ARIZONA 85258

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

TITLE D ☐ Delete
NAME RON CUNNINGHAM
STREET ADDRESS 600 CIVIC CENTER
CITY-ST-ZIP TULSA, OKLAHOMA 74103

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

TITLE D ☐ Delete
NAME MARK VUCINICH
STREET ADDRESS 6081 CLINTON STREET
CITY-ST-ZIP BOISE, IDAHO 83704

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/10/00 407 665-6643

Date

Daytime Phone #

CR2E037 (5/00)