

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000376

1. Entity Name

NATIONAL ASSOCIATION OF PROPERTY RECOVERY INVEST

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90010 042 ****61.25

000632

Principal Place of Business

100 BUSH BLVD.
SANFORD FL 32773

Mailing Address

100 BUSH BLVD.
SANFORD FL 32773

2. Principal Place of Business

625 SULLIVAN ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 741283

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL

City & State
ORANGE CITY FL

4. FEI Number 59-3550395

Applied For
Not Applicable

Zip 32725

Country USA

Zip 32774

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FYFE, SCOTT G
100 BUSH BLVD.
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name SCOTT G. FYFE

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

625 SULLIVAN ST

City DELTONA

FL

Zip Code 32725

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.

SCOTT G. FYFE PRESIDENT 07/20/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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
NAME FYFE, SCOTT
STREET ADDRESS 100 BUSH BLVD
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

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

TITLE V
NAME FISHER, RICK
STREET ADDRESS 2220 15TH STREET
CITY-ST-ZIP GULFPORT MS 395012 ☒ Delete

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

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

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

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

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

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

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

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

SCOTT G. FYFE 07/20/01 904 479-5329

CR2E037 (5/01)