

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008140

1. Entity Name

FIRST CREDIT/WEXFORD, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 021 ***150.00

Principal Place of Business

Mailing Address

1000 SOUTH ORANGE BLOSSOM TRAIL
SUITE 320
ORLANDO FL 32809

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 320
ORLANDO FL 32809-4679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MILLER, ROBERT E
990 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Johnson, Gary Lind

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

6220 S. Orange Blossom Trail

Suite 320

City

Orlando

FL

Zip Code
32809

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.

GARY LIND JOHNSON

(NOTE: Registered Agent signature required when reinstating)

4/24/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDS	JOHNSON, GARY L	6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 320	ORLANDO FL 32809	<input type="checkbox"/>
T	CARROL, T.R.	1627 NE 126TH AVE	PORTLAND OR 97230	<input type="checkbox"/>
CD	FOSTER, EMMETT J	6220 S ORANGE BLOSSOM TR., STE 320	ORLANDO FL 32809	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

GARY LIND JOHNSON

Date

4/24/00

Daytime Phone #

407-812-5600

CR2E034 (9/99)