

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67496

1. Entity Name

FINACO FINANCIAL, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90012 036 ***150.00

Principal Place of Business

Mailing Address

7300 CRILL AVE
PALATKA FL 32177
US

7300 CRILL AVE
#65
PALATKA FL 32177-9211
US

A0000665



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 **59-3076510**

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

HERRINGTON, WILLIAM J JR
7300 CRILL AVE
#65
PALATKA FL 32177

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete
NAME HERRINGTON, WILLIAM J JR
STREET ADDRESS RT. 4, BOX 355
CITY-ST-ZIP PALATKA FL

TITLE President ☒ Change ☐ Addition
NAME HERRINGTON, William J. Jr
STREET ADDRESS 7300 Crill Ave
CITY-ST-ZIP PALATKA, FL 32177

TITLE VP ☒ Delete
NAME LEWIS, PARTICIA A.
STREET ADDRESS RT. 3, BOX 5045
CITY-ST-ZIP PALATKA FL

TITLE CHAIRMAN ☐ Change ☒ Addition
NAME LIVINGSTON, LISA A.
STREET ADDRESS RT #4, BOX 1129
CITY-ST-ZIP PALATKA, FL 32177

TITLE P ☐ Delete
NAME STRICKLAND, NEAL W.
STREET ADDRESS 108 BAILEY STREET
CITY-ST-ZIP SAN MATEO FL 32187

TITLE DIRECTOR ☒ Change ☐ Addition
NAME STRICKLAND, NEAL W.
STREET ADDRESS 108 Bailey St.
CITY-ST-ZIP SAN MATEO, FL 32187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME McDowell, M. E.
STREET ADDRESS 119 Woodland Acres,
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME HARRIS, N. DON
STREET ADDRESS 4675 Raggedy Point Road
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME WISHON, NATHAN A.
STREET ADDRESS 771 MOODY ROAD
CITY-ST-ZIP PALATKA, FL 32177

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: Wm. J. Herrington Jr 3 Jan 2000 325-015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #