

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90412 020 ****61.25

DOCUMENT # N51233

1. Entity Name
THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN C.



Principal Place of Business
**200 S ORANGE AVE
MC 2063
ORLANDO FL 32801
US**

Mailing Address
**% SCOTT SUITS
200 S ORANGE AVE MC 2051
ORLANDO FL 32801
US**

2. Principal Place of Business
25 W Flagler Street
Suite, Apt. #, etc.

3. Mailing Address
25 W Flagler Street
Suite, Apt. #, etc.
25 W FLAGLER ST.



CHECK HERE IF MAKING CHANGES

City & State
MIAMI Florida

City & State
MIAMI FLA

4. FEI Number **59-3201078**

Applied For
Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

5. Certificate of Status Desired **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**SUITS, SCOTT
200 S. ORANGE AVENUE
SOAB5/MC 2051
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **John Fleischacker**
Street Address (P.O. Box Number is Not Acceptable)
25 West Flagler Street
City **MIAMI Florida** **FL** Zip Code **33130**

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 **John F. Fleischacker**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/03
DATE

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	TD SUITS, SCOTT 200 S ORANGE AVE., MC 2063 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZZUTO, LINDA 501 S FLAGLER DRIVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, BILL ADMIRALTY BANK, 1401 N FEDERAL HWY BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EILEEN FIRST UNION, 200 S BISCAYNE BLVD MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Fleischacker 25 W. Flagler Street MIAMI Florida 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIG. J. FLEISCHACKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/03 (305)
577-7442**