

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90061 049 ***150.00

DOCUMENT # P99000105099

1. Entity Name
THE FUNDING ALLIANCE CORPORATION

Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 810 ... PALM BEACH FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 810 W. PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0971631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLUCCI, JEAN M
1555 PALM BEACH LAKES BLVD.
SUITE 810
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 *Jean Colucci* *Jean Colucci* *2-23-00*
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	
TITLE President, CEO, D, C. <input type="checkbox"/> Delete	
NAME Richard H. McCargar	
STREET ADDRESS 1555 Palm Beach Lakes Blvd.	
CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE V.P., Sec, Tres. <input type="checkbox"/> Delete	
NAME Jean M. Colucci	
STREET ADDRESS 1555 Palm Beach Lakes Blvd	
CITY-ST-ZIP Suite 810 West Palm Beach, FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard H. McCargar* *Richard H. McCargar* *2/23/00* *561 644-0778*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)