

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 187030

1. Entity Name

SEMINOLE LOAN CORPORATION

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90275 043 \*\*\*150.00

Principal Place of Business

Mailing Address

106 S. PALMETTO AVE.  
SANFORD FL 32772-8057  
US

106 S. PALMETTO AVE.  
PO BOX 1057  
SANFORD FLA 32772-1057  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0754814

Applied For

Not Applicable

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

BRIDGES, JACK T  
PICO BUILDING  
SANFORD FL 32771

Name  
**Bridges, Jack T.**

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

**Pico Building**

**209 N. Oak Ave.**

City  
**Sanford**

**FL**

Zip Code  
**32771**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FRAASA, WILLIAM C  
17 ESCONDIDO CR, 231  
ALTAMONTE SPRINGS FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HUAMAN, GONZALO  
105 N VIRGINIA AVE  
SANFORD FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRAASA, B: K  
3674 SOPE CREEK FARM  
MARIETTA GA

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BALES, DONALD J  
3418 S ORLANDO DR.  
SANFORD, FL 32771

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BALES, JEFFREY C.  
3418 S ORLANDO DR.  
SANFORD FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Bales, Jeffrey C.  
2910 W. Lake Mary Blvd.  
Lake Mary, FL 32746  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*William C. Fraasa*

William C. Fraasa

4-27-00

(407)

322-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)