

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90518 038 ***150.00

DOCUMENT # 838200

1. Entity Name
FINANCIAL DATA PLANNING CORP.



Principal Place of Business

**2140 SO. DIXIE HWY.
MIAMI FL 33133**

Mailing Address

**2140 SO. DIXIE HWY.
MIAMI FL 33133**

00011400



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2000 S. DIXIE HWY

Suite, Apt. #, etc.

200

3. Mailing Address

2000 S. DIXIE HWY

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. FEI Number

59-1284646

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DAVID E 11 SALT CREEK LANE HINSDALE IL 60521	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, LAWRENCE A 1285 DRUMMERS LN PHILADELPHIA PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUANE, MICHAEL J 1285 DRUMMERS LN PHILADELPHIA PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERAM, ALFRED J 2140 S. DIXIE HWY MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURO, KATHLEEN 2140 S. DIXIE HWY MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 S. DIXIE HWY, SUITE 200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 S. DIXIE HWY SUITE 200	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SILVERMAN, MARK S. 2000 S. DIXIE HWY, SUITE 200 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

305-658-6100

Daytime Phone #

CR2E034 (10/02)

90011463

Att. document

2003 UBR
DOCUMENT # 838200
FINANCIAL DATA PLANNING CORP.
59-1284646

11. ADDITIONS TO OFFICERS AND DIRECTORS

TITLE	SVP
NAME	FLEISCHMAN, RICHARD
STREET ADDRESS	313 SPEEN ST., SUITE 200
CITY-ST-ZIP	NATICK, MA 01760

TITLE	V
NAME	MATTHEWS, RICHARD
STREET ADDRESS	950 NORTHGATE DR., SUITE 107
CITY-ST-ZIP	SAN RAFAEL, CA 94903

TITLE	S
NAME	BRUSH, LESLIE
STREET ADDRESS	1285 DRUMMERS LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	AVAS
NAME	ARMSTRONG, SARA
STREET ADDRESS	1285 DRUMMERS LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	AVAS
NAME	BRONSTEIN, ANDREW P.
STREET ADDRESS	1285 DRUMMERS LANE
CITY-ST-ZIP	WAYNE, PA 19087