

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90049 007 \*\*\*150.00

820043

**DOCUMENT # F53714**

1. Entity Name

First Florida Appraisal Services, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2206 East Colonial Dr.

3. Mailing Address

2206 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-2152336

Applied For

Not Applicable

Zip  
32803

Country  
Orange

Zip  
32803

Country  
Orange

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

CT Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324

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 V/D  
 NAME Falk, Joseph L. ☐ Delete  
 STREET ADDRESS 4700 Biscayne Blvd.  
 CITY-ST-ZIP Miami, FLorida 33137

TITLE V/D  
 NAME Perrelli, Rosario A. ☐ Change ☒ Addition  
 STREET ADDRESS 5595 Trillium Blvd.  
 CITY-ST-ZIP Hoffman Estate, IL 60192

TITLE P  
 NAME Ward, James J. ☐ Delete  
 STREET ADDRESS 2206 E. Colonial Drive  
 CITY-ST-ZIP Orlando, Florida 32803

TITLE P  
 NAME Barber, R. Scott ☐ Change ☒ Addition  
 STREET ADDRESS 9399 West Higgins Road  
 CITY-ST-ZIP Rosemont, IL 60018

TITLE S/T/D  
 NAME Richard, Judith S. ☒ Delete  
 STREET ADDRESS 4700 Biscayne Blvd.  
 CITY-ST-ZIP Miami, Florida 33137

TITLE S/D  
 NAME Murphy, James J. ☐ Change ☒ Addition  
 STREET ADDRESS 1150 South Olive Street  
 CITY-ST-ZIP Los Angeles, CA 90015

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE V  
 NAME West, Larry M. ☐ Change ☒ Addition  
 STREET ADDRESS 4700 Biscayne Blvd.  
 CITY-ST-ZIP Miami, FL 33137

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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:

*James J. Ward*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Ward, President

Date

Daytime Phone \*

3/25/00 407  
 897-3708

CR2E034 (9/99)