

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000453

1. Entity Name

FOUNDATION FUNDING GROUP, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90023 032 ***150.00

Principal Place of Business

3627 WEST WATERS AVE
STE 800
TAMPA FL 33614
US

Mailing Address

3627 WEST WATERS AVE
STE 800
TAMPA FL 33614
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 22-3271970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWER, COREY G
3332 WESTMORELAND DR.
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name Robin Gronsky

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

3627 W. Waters Ave., Suite 300

City

Tampa

FL

Zip Code

33614

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE Robin Gronsky, General Counsel

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

(NOTE: Registered Agent signature required when reinstating)

3/26/01
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, 2001 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 PDC
NAME BROWER, COREY G
STREET ADDRESS 3332 WESTMORELAND DRIVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DST
NAME COHN, STEVEN A
STREET ADDRESS 3330 CHEVIOT DR
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 3726 W. Waters Ave., Suite 800
CITY-ST-ZIP Tampa, Florida 33614 ☒ Change ☐ Addition

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

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

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

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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0346908

CR2E034 (10/00)