

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003291

1. Entity Name

FFCA ACQUISITION CORPORATION

Principal Place of Business

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

Mailing Address

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255-5401

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90044 037 ***150.00

015014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

86-0765661

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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	CEOP	<input type="checkbox"/> Delete
NAME	FLEISCHER, MORTON H	
STREET ADDRESS	17207 N. PERIMETER DR.	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	EVCS	<input type="checkbox"/> Delete
NAME	RUBEN, DENNIS L.	
STREET ADDRESS	17207 N PERIMETER DR	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	EVFS	<input type="checkbox"/> Delete
NAME	BARRAVECCHIA, JOHN R	
STREET ADDRESS	17207 N. PERIMETER DR.	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	EVCT	<input type="checkbox"/> Delete
NAME	VOLK, CHRISTOPHER H.	
STREET ADDRESS	17207 N. PERIMETER DR.	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN OF BOARD, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRASIDENT, COO, ASST SEC, ASST TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SRVP PRINCIPAL OFFICER, ASST SEC, ASST TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, CATHERINE G.	
STREET ADDRESS	17207 N. PERIMETER DR.	
CITY-ST-ZIP	SCOTTSDALE, AZ 85255	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

480-5854500

Daytime Phone #

CR2E034 (9/99)