

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006178

1. Entity Name

SNAPPY FUNDING CORPORATION

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90046 021 ***150.00

Principal Place of Business
110 SE 6th Street
Fort Lauderdale, FL 33301

Mailing Address
110 SE 6th Street
Fort Lauderdale, FL 33301

2. Principal Place of Business
200 S. Andrews Avenue

3. Mailing Address
200 S. Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
73-1481995

Applied For
Not Applicable

Zip
33301

Country

Zip
33301

Country

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	Hyle, Kathleen W.	
STREET ADDRESS	110 SE 6 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	Cole, James O.	
STREET ADDRESS	110 SE 6 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Hawkins, Thomas W.	
STREET ADDRESS	110 SE 6 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Wilson, Leland F.	
STREET ADDRESS	110 SE 6 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	Zeman, Jack	
STREET ADDRESS	110 SE 6 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karsner, Michael S.	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schwartz, Howard D.	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hyle, Kathleen W.	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Leland F.	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hurst, O. Mason	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steinhilber, Jeffrey R.	
STREET ADDRESS	200 S. Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz, Secretary

Date

Daytime Phone #

4/22/00
954-320-4000