

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90371 025 \*\*\*150.00

**DOCUMENT # F96000005970**

1. Entity Name

**FCC EQUIPMENT FINANCING, INC.**

Principal Place of Business

Mailing Address

8826 GOODBY'S EXECUTIVE DR  
 JACKSONVILLE FL 32217  
 US

8826 GOODBY'S EXECUTIVE DR  
 JACKSONVILLE FL 32217-4693  
 US

00077470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3404576**

Applied For

Not Applicable

Zip

Country

Zip

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

**HOLBROOK, H. LEON**  
**ONE INDEPENDENT DR, SUITE 2301**  
**JACKSONVILLE FL 32202**

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	CP	<input type="checkbox"/> Delete
NAME	RINGHAVER, RANDAL L	
STREET ADDRESS	8050 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	THOMPSON, DEWITT C	
STREET ADDRESS	1245 BRIDGESTONE BLVD	
CITY-ST-ZIP	LAVERGNE TN 37086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REGAS, CHRIS L	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITSIT, ROBERT K	
STREET ADDRESS	3901 FAULKNER DR	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, GARY L	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, H.LEON	
STREET ADDRESS	ONE INDEPENDENT DR, SUITE 2301	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE		<input 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		<input 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		

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:

*Sigamy Z...*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

(904) 636-6450

Daytime Phone #

CR2E034 (9/99)