

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90173 010 \*\*\*150.00

0506719 AV

**DOCUMENT # F97000005216**

1. Entity Name

**PERFORMANCE SECURITIZATION CORPORATION**

Principal Place of Business

**9240 BONITA BEACH RD. SUITE 1109  
 BONITA SPRINGS FL 34135  
 US**

Mailing Address

**9240 BONITA BEACH RD. SUITE 1109  
 BONITA SPRINGS FL 34135  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1937341**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	STAINBROOK, JOHN M	
STREET ADDRESS	250 N SHADELAND AVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VONDEYLEN, JERRY D	
STREET ADDRESS	45 N PENNSYLVANIA STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, THOMAS M	
STREET ADDRESS	695 E. MAIN STREET, 3RD FLOOR	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	PTAS	<input type="checkbox"/> Delete
NAME	GRAZIANI, LEEANNE	
STREET ADDRESS	9240 BONITA BCH RD- STE 1109	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	ASAV	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, RICHARD A	
STREET ADDRESS	9240 BONITA BCH RD- STE 1109	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLENIX, GARY	
STREET ADDRESS	425 DOCKSIDE DRIVE #805	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ervin, Lee N.	
STREET ADDRESS	250 N. Shadeland Ave	
CITY-ST-ZIP	Indianapolis, IN 46219	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Rick A.	
STREET ADDRESS	250 N. Shadeland Ave	
CITY-ST-ZIP	Indianapolis, IN 46219	
TITLE	VSAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huerta, Dawn M.	
STREET ADDRESS	9240 Bonita Beach Rd., STE 1109	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pointer II, David M.	
STREET ADDRESS	403 Royal Palm Way	
CITY-ST-ZIP	Tampa, FL 33609	
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:

*Leeanne W. Graziani*  
 Leeanne W. Graziani, President

(941) 948-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)