

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001887

1. Entity Name

FFCA CAPITAL HOLDING CORPORATION

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90038 043 \*\*\*150.00

Principal Place of Business

Mailing Address

17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255

17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

89-0908599

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
FLEISCHER, MORTON H  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAIRMAN OF BOARD - CEO ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVT  
BARRAVECCHIA, JOHN R  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVS  
VOLK, CHRISTOPHER H  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, CEO, ASST SEC, ASST TREAS ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVGC  
RUBEN, DENNIS L  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVAS  
SCHMITZ, STEPHEN G  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
LONG, CATHERINE F  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SR VP, PRINCIPAL ACCOUNTING OFF, ASST SEC, ASST TREAS. ☒ 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:

*John Sanambula*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00 480-585-4500  
Date Daytime Phone #

CR2E034 (9/99)