

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006490

1. Entity Name

COLONIAL DIRECT FINANCIAL GROUP, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90155 038 \*\*\*150.00

Principal Place of Business Mailing Address  
**1499 W. PALMETTO PARK ROAD, SUITE 312** **1499 W. PALMETTO PARK ROAD, SUITE 312**  
**BOCA RATON FL 33486** **BOCA RATON FL 33486**

2. Principal Place of Business 3. Mailing Address  
**3010 N. Military Trail** **3010 N. Military Trail**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**St. 300** **Suite 300**

City & State City & State  
**Boca Raton FL** **Boca Raton FL**

Zip Country Zip Country  
**33431** **33431**

4. FEI Number **22-3537523** 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

**BARITZ, NEIL S ESQ.**  
**150 E. PALMETTO PARK ROAD, SUITE 401**  
**BOCA RATON FL 33432**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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 **C** ☐ Delete  
 NAME **GOLDEN, MICHAEL**  
 STREET ADDRESS **7154 AYRSHIRE LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33496-5934**

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

TITLE **VCTV** ☐ Delete  
 NAME **LICHTENBERG, BEN**  
 STREET ADDRESS **575 JEFFERSON DRIVE, APT. 106**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442-9435**

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

TITLE **DSV** ☐ Delete  
 NAME **MANILOFF, LEWIS**  
 STREET ADDRESS **100 BREYER DRIVE**  
 CITY-ST-ZIP **ELKINS PARK PA 19027-1565**

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

TITLE **DP** ☐ Delete  
 NAME **SMITH, RODNEY**  
 STREET ADDRESS **21443 SWEETWATER LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **D** ☐ Delete  
 NAME **BETTINGER, ROBERT**  
 STREET ADDRESS **2198 NW 57TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **D** ☐ Delete  
 NAME **SPOLL, MICHAEL**  
 STREET ADDRESS **433 COPPER BEECH CIRCLE**  
 CITY-ST-ZIP **ELKINS PARK PA 19027**

TITLE ☐ Change ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael E. Golden*

Date

Daytime Phone #

*4/28/2000 (561) 981-1000*

CR2E034 (9/99)