

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90665 001 \*1,800.00

0477687

**DOCUMENT # G92801**

1. Entity Name  
**FLORIDA FINANCE GROUP INC.**

Principal Place of Business  
**5200 S. WASHINGTON AVE**  
**TITUSVILLE FL 32780**

Mailing Address  
**5200 S. WASHINGTON AVE**  
**TITUSVILLE FL 32780**

2. Principal Place of Business  
**1555 Semoran Blvd**  
 Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
**1555 Semoran Blvd**  
 Suite, Apt. #, etc. \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

City & State  
**Winter Park, FL**  
 Zip  
**32792** Country  
**USA**

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 Zip  
**32792** Country  
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4. FEI Number **59-2384510**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, RONALD W**  
**5200 S. WASHINGTON AVE**  
**TITUSVILLE FL 32780**

**7. Name and Address of New Registered Agent**

Name **Ronald W. Anderson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1555 Semoran Blvd**  
 City **Winter Park** **FL** Zip Code **32792**

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 *Ronald W. Anderson*  
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/4/01**  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>PD</b> <b>SMITH, GARY R.</b> <b>5200 S. WASHINGTON AVE</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SIEBEL, DONNA L</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CLOVER, LILLIAN</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANDERSON, RONALD P</b> <b>5200 S WASHINGTON AVE</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WARREN, ROBERT</b> <b>5200 S. WASHINGTON AVE</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ERNST, JAMES E</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>T.S. Falcout, III</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Ronald W. Anderson</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,C,P</b> <b>James E. Ernst</b> <b>1555 Semoran Blvd</b> <b>Winter Pk, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Lillian Clover, Secretary* **Lillian Clover, Secretary** **4/4/01 (32)2908**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)