

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576871

1. Entity Name

Florida Funding Publications, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 23 AM 10:21

Principal Place of Business

Bank of America Bldg.
Suite 101
11205 S. Dixie Hwy.
Miami, FL 33156

Mailing Address

PO Box 561565
Miami, FL 33256-1565

2. Principal Place of Business

11205 S. Dixie Hwy.
Suite, Apt. #, etc.
Suite 101

3. Mailing Address

Post Office Box 561565
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0143456

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33256-1565

Country

USA

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

6. Name and Address of Current Registered Agent

David Rynders, Esq.
305 Wedge Drive
Naples, FL 34103

7. Name and Address of New Registered Agent

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

David Rynders, Secretary

10/18/00

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

TITLE: President
NAME: John L. Adams
STREET ADDRESS: 11205 S. Dixie Hwy., Suite 101
CITY-ST-ZIP: Miami, FL 33156

TITLE: Treasurer
NAME: John L. Adams
STREET ADDRESS: 11205 S. Dixie Hwy., Suite 101
CITY-ST-ZIP: Miami, FL 33156

TITLE: Secretary
NAME: David Rynders
STREET ADDRESS: 305 Wedge Drive
CITY-ST-ZIP: Naples, FL 34103

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
600003457946--0
-11/09/00--01011--003
****150.00 ****150.00

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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

Date

Daytime Phone #

John L. Adams, Pres. 10/16/00 305/251-2203