

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90124 040 ***150.00

DOCUMENT # M92930

1. Entity Name
FEDERAL TRUST CORPORATION

Principal Place of Business

1211 ORANGE AVE.
 SUITE C
 WINTER PARK FL 32789
 US

Mailing Address

1211 ORANGE AVE.
 SUITE C
 WINTER PARK FL 32789
 US

2. Principal Place of Business

655 W. Morse Blvd

Suite, Apt. #, etc.

3. Mailing Address

655 W. Morse Blvd

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip
 32789

Country
 USA

Zip
 32789

Country
 USA

4. FEI Number **59-2935028**

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

WRIGHT, AUBREY H J
 1211 ORANGE AVE
 SUITE C
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

312 W. 1st Street

City Sanford

FL

Zip Code 32771

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

Aubrey H. Wright, Sr. Vice President & CFO

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, 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
PCD
SUSKIEWICH, JAMES V.
908 RIDGE SPRING COURT
APOPKA FL

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
WRIGHT, AUBREY H. JR.
1176 VALLEY CREEK RUN
WINTER PARK FL

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
MACTAVISH, LORI
1936 EAST WOODCREST DRIVE
WINTER PARK FL

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CERTO, SAMUEL C
545 BIRDSONG COURT
LONGWOOD FL 32779

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HILL, KENNETH W
1417 CHICHESTER STREET
ORLANDO FL 32803

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
FOSTER, GEORGE W
1316 NOBLE STREET W
LONGWOOD FL 32750

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

Aubrey H. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)