

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90137 024 ****61.25

DOCUMENT # N35501

1. Entity Name

CITY OF SANFORD FINANCE CORPORATION

Principal Place of Business

Mailing Address

**300 N. PARK AVE.
 SANFORD FL 32771
 US**

**% WILLIAM L COLBERT
 200 W FIRST ST SUITE 22
 SANFORD FL 32771-1204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3012347

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLBERT, WILLIAM L.
 % STENSTROM, MCINTOSH, JULIAN, ET AL
 200 W FIRST ST SUITE 22
 SANFORD FL 32771-8268**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D DALE, LARRY D**
 STREET ADDRESS **300 N PARK AVE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ECKSTEIN, WHITEY**
 STREET ADDRESS **300 N PARK AVE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LESSARD, BRADY**
 STREET ADDRESS **300 N PARK AVE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP LYONS, KERRY D**
 STREET ADDRESS **300 N PARK AVE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME **A.A. McClanahan**
 STREET ADDRESS **300 N. Park Ave.**
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE Delete
 NAME **DV WILLIAMS, VELMA H.**
 STREET ADDRESS **300 N PARK AVE**
 CITY-ST-ZIP **SANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-11-00
 Date

407-330-5607
 Daytime Phone #

CR2E037 (9/99)