

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35501

1. Entity Name

CITY OF SANFORD FINANCE CORPORATION

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

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3012347

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

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.
STREET ADDRESS DALE, LARRY D
CITY-ST-ZIP 300 N PARK AVE
SANFORD FL

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS WILLIAMS, VELMA H.
CITY-ST-ZIP 300 N PARK AVE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

407-330-5607

Daytime Phone #

CR2E037 (9/99)