

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N35501**

1. Entity Name

**CITY OF SANFORD FINANCE CORPORATION**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

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

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DALE, LARRY D</b>	
STREET ADDRESS	<b>300 N PARK AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ECKSTEIN, WHITEY</b>	
STREET ADDRESS	<b>300 N PARK AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LESSARD, BRADY</b>	
STREET ADDRESS	<b>300 N PARK AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCLANAHAN, A.A.</b>	
STREET ADDRESS	<b>300 N PARK AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, VELMA H.</b>	
STREET ADDRESS	<b>300 N PARK AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Arthur D. Woodruff</b>	
STREET ADDRESS	<b>300 N. Park Av</b>	
CITY-ST-ZIP	<b>Sanford FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP + D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Randy Jones</b>	
STREET ADDRESS	<b>300 N. Park Av.</b>	
CITY-ST-ZIP	<b>Sanford, FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-9-01

Date

407-330-5607

Daytime Phone #

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90013 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)