

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2001 90016 027 ****61.25

DOCUMENT # N47213

1. Entity Name

FLORIDA ASSOCIATION OF EQUIPMENT LESSORS, INC.

Principal Place of Business

Mailing Address

**ONE TAMPA CITY CENTER
 STE. 1800
 TAMPA FL 33602
 US**

**5600 BROKEN SOUND BOULEVARD
 ATTN: TAX DEPT.
 BOCA RATON FL 33487
 US**



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

59-3108618

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD HEALY, DONNA	5600 BROKEN SOUND BOULEVARD	BOCA RATON FL 33487				
	SD TECIA, NANCY	ONE TAMPA CITY CTR STE 1800	TAMPA FL				
	VD HIMMELBERSER, KIRK	420 W. BOYNTON BEACH BLVD. #203	BOYNTON BEACH FL 33425				
	D FREDRICKS, GORDON	550 FAIRWAY DRIVE #201	DEERFIELD BEACH FL 33441				

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**

Date: **1/22/01** (561)
 Daytime Phone #: **997-3264**

CR2E037 (10/00)