

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 025 ****61.25

DOCUMENT # N51233

1. Corporation Name

THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN
C.

Principal Place of Business

200 S ORANGE AVE
ORLANDO FL 32801
US

Mailing Address

C/O STACEY LARRABEE
200 S ORANGE AVE MC 1091
ORLANDO FL 32801
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/09/1992

4. FEI Number

59-3201078

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LARRABEE, STACEY M
200 S. ORANGE AVE.
TOWER 9
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Scott Swits, VP

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

200 S. ORANGE AVE.

83 Mail Code

2051

84 City

Orlando, FL

FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME BARSTOW, DONNA
STREET ADDRESS 800 N MAGNOLIA AVE STE 702
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME EMMANUEL, CHRISTY
STREET ADDRESS 1000 CENTURY PARK DRIVE
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D
NAME LARRABEE, STACEY
STREET ADDRESS 200 S ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE PD
NAME HURD, KIP
STREET ADDRESS 200 S ORANGE AVE MC 2051
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME BURKE, FRANK
STREET ADDRESS 111 SECOND AVE NE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE D
NAME NORRIS, PAUL
STREET ADDRESS 101 W MAIN ST STE 100
CITY-ST-ZIP LAKELAND FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

6/1/99 (407)237-4844

Date

Daytime Phone #

CR2E037 (1/98)

0016427