

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90070 021 ****61.25

DOCUMENT # N51233

1. Entity Name

THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN C.

Principal Place of Business

Mailing Address

200 S ORANGE AVE
MC 2063
ORLANDO FL 32801
US

% SCOTT SUITS
200 S ORANGE AVE MC 2051
ORLANDO FL 32801
US

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

59-3201078

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

SUITS, SCOTT
200 S. ORANGE AVENUE
SOAB5/MC 2051
ORLANDO FL 32801

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 **TD**
STREET ADDRESS **SUITS, SCOTT**
CITY-ST-ZIP **200 S ORANGE AVE., MC 2063**
ORLANDO FL 32801

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BOZZUTO, LINDA**
CITY-ST-ZIP **501 S FLAGLER DRIVE**
WINTER PARK FL 33480

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Linda Bozzuto**
CITY-ST-ZIP **501 S Flagler Drive**
West Palm Beach, FL 33401

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BURKE, BILL**
CITY-ST-ZIP **ADMIRALTY BANK, 1401 N FEDERAL HWY**
BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Bill Burke**
CITY-ST-ZIP **Admiralty Bank, 1401 N. Federal Hwy**
Boca Raton, FL 33432

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RODRIGUEZ, EILEEN**
CITY-ST-ZIP **FIRST UNION, 200 S BISCAYNE BLVD**
MIAMI FL 33131

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

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

Date Daytime Phone #

CR2E037 (9/01)