

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91043 023 *****61.25

DOCUMENT # N97000003099

1. Entity Name
FACILITIES FINANCING CORPORATION



Principal Place of Business
106 DIXIE LANE
COCOA BEACH FL 32931

Mailing Address
106 DIXIE LANE
COCOA BEACH FL 32931

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 59-3563121

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

SEVIGNY, ROGER
106 DIXIE LANE
COCOA BEACH FL 32931

Name: ALLEN, JOHN
Street Address (P.O. Box Number is Not Acceptable)
106 DIXIE LANE

City COCOA BEACH FL Zip Code 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JOHN ALLEN

(NOTE: Registered Agent signature required when reinstating)

4/3/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ALLEN, JOHN**
STREET ADDRESS **106 DIXIE LANE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE **D** ☐ Delete
NAME **GORCYNski, TOM**
STREET ADDRESS **106 DIXIE LANE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE **D** ☐ Delete
NAME **SEVIGNY, ROGER**
STREET ADDRESS **106 DIXIE LANE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

JOHN ALLEN
DIRECTOR

4/3/03 (321) 783-7443

CR2E037 (10/02)