

3/3/30

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90060 015 \*\*\*\*61.25

DOCUMENT # N98000005090

1. Entity Name

FLORIDA DOWNPAYMENT ASSISTANCE PROGRAM CORP.

Principal Place of Business

5461 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308

Mailing Address

5461 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33308-3206

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

City &amp; State

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE  
65-0890246

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.  
4300 N. UNIVERSITY DRIVE  
SUITE A-108  
FORT LAUDERDALE FL 33351

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD KORCOK, MARK 5461 N. FEDERAL HWY FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete <D>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPENCE, SAMUEL 5461 N. FEDERAL HWY FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete <D>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATZ, ALLEN 2919 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KORCOK, Robert 5461 N. FEDERAL HWY FT. LAUDERDALE, FL. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <D>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/27/00

Date

954-489-9997

Daytime Phone #

CR2E037 (9/99)