

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000766

1. Entity Name

EBB & A Financial, Inc

Principal Place of Business

Mailing Address

6574 NORTH State Road 7

Coconut Creek, FL 33073

2. Principal Place of Business

4201 N. Federal Highway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Same

City & State

Pompano Beach, FL

City & State

Same

Zip

333064

Country

Broward

Zip

Same

Country

Same

4. FEI Number

65-0894788

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

SPiegel & Utrera P.A

343 ALMERIA AVE

Coral Gables, FL 33134

Name

Michael Feinstein, PA

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

888 East Las Olas Blvd - Suite 700

City

Ft. Lauderdale

FL

Zip Code

33301

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: President ☐ Delete
NAME: Scot GAEVE
STREET ADDRESS: 4201 N. Federal Highway - Suite E
CITY-ST-ZIP: Pompano Beach, FL 333064

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

TITLE: Vice President ☐ Delete
NAME: Kevin L. Thomas
STREET ADDRESS: 4201 N. Federal Highway
CITY-ST-ZIP: Pompano Beach, FL 333064

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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~~ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 008 ****61.25

00007574

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)