

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003686

1. Entity Name

FLORIDA RECEIVERS FORUM, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90008 039 \*\*\*\*61.25

LUU43014



DO NOT WRITE IN THIS SPACE

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business            |         | Mailing Address                                   |         |
| 3250 MARY STREET SUITE 103<br>FL 33133 |         | 3250 MARY STREET SUITE 103<br>MIAMI FL 33133-5232 |         |
| Principal Place of Business            |         | 3. Mailing Address                                |         |
| Suite, Apt. #, etc.                    |         | Suite, Apt. #, etc.                               |         |
| City & State                           |         | City & State                                      |         |
| Zip                                    | Country | Zip   | Country |

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 65-0938702 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent                  |
| FREEMAN, LEWIS B<br>3250 MARY STREET SUITE 103<br>MIAMI FL 33133 |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL   |
| Zip Code   |

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, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

|                             |   |                                |  |
|-----------------------------|---|--------------------------------|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--------------------------------|--|

| OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---------------------------------|---|---|
| D<br>FREEMAN, LEWIS B<br>3250 MARY STREET SUITE 103<br>MIAMI FL 33133         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>MARKOWITZ, JERRY M<br>9130 S DADELAND BLVD SUITE 1225<br>MIAMI FL 33156  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D<br>REDMOND, PATRICIA A<br>150 W FLAGLER STREET SUITE 2200<br>MIAMI FL 33130 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <i>[Signature]</i>                                      | 8/8/00 | 305-443-6620    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date   | Daytime Phone # |

CR2E037 (9/99)