

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90015 001 ****61.25

DOCUMENT # N99000003686

1. Entity Name

FLORIDA RECEIVERS FORUM, INC.

Principal Place of Business

Mailing Address

**3250 MARY STREET SUITE 103
 MIAMI FL 33133**

**3250 MARY STREET SUITE 103
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

2601 S. Bayshore Dr.

2601 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19th Floor

19th Floor

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0938702

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

**FREEMAN, LEWIS B
 3250 MARY STREET SUITE 103
 MIAMI FL 33133**

Name

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

2601 S. Bayshore Dr., 19th Floor

City

Miami

FL

Zip Code

33133

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 **D**
 STREET ADDRESS **FREEMAN, LEWIS B**
 CITY-ST-ZIP **3250 MARY STREET SUITE 103
 MIAMI FL 33133**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2601 S. Bayshore Dr., 19th Floor**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARKOWITZ, JERRY M**
 CITY-ST-ZIP **9130 S DADELAND BLVD SUITE 1225
 MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **REDMOND, PATRICIA A**
 CITY-ST-ZIP **150 W FLAGLER STREET SUITE 2200
 MIAMI FL 33130**

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
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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 of Registered Agent

Date

Daytime Phone #

CR2E037 (9/01)