

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000099554	
1. Entity Name FIRST FINANCIAL ESTATE PLANNERS, INC.	
Principal Place of Business 1344 GRIFFIN RD LEESBURG FL 34748	Mailing Address 1344 GRIFFIN RD LEESBURG FL 34748
2. Principal Place of Business 3360 HWY 401 / 27	3. Mailing Address P.O. BOX 1743
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc.
City & State LEESBURG FL	City & State LADY LAKE
Zip 34731	Country LAKE
Zip 32158	Country LAKE

FILED

01 SEP 24 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681913		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SESTER KEVIN A 104 S OLD DIXIE HWY LADY LAKE FL 32159		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PREZ. C.E.O	
		KAT MCGONDKK	
		3711 GRESORT RD	
		LADY LAKE FL 32159	
		D MICHAEL M MCGONDKK	<input checked="" type="checkbox"/> Addition
		3711 GRESORT RD	
		LADY LAKE FL 32159	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			LS
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KAT MCGONDKK** Date: **9-7-01** Phone: **352-787-1700**

CR2E034 (5/01)