

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90012 047 ***150.00

DOCUMENT # P00000099554

1. Entity Name
FIRST FINANCIAL ESTATE PLANNERS, INC.

Principal Place of Business
3360 HIGHWAY 441/27
STE. B
FRUITLAND PARK FL 34731

Mailing Address
P.O. BOX 1743
LADY LAKE FL 32158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3681913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SESTER, KAY A~~ ~~104 S OLD BAY HWY~~ ~~LADY LAKE FL 32159~~ **ERROR**

Name
MICHAEL M. MCGOLDRICK
 Street Address (P.O. Box Number is Not Acceptable)
3360 US Hwy 27/441 STE B
FRUITLAND PARK
 City **FL** Zip Code **34731**

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]

4-1-02

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See Chapter 607 on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCEO
MCGOLDRICK, KAY
3711 GREGORY ROAD
LADY LAKE FL 32159 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MCGOLDRICK, MICHAEL M
3711 GREGORY ROAD
LADY LAKE FL 32159 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

13. 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 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: *Kay McGoldrick* *Kay McGoldrick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

352-787-1700

Date

Daytime Phone #

CR2E034 (9/01)