

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04229

1. Entity Name

SECURITY FUNDING CORPORATION

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90077 018 \*\*\*158.75

Principal Place of Business

Mailing Address

610 CRESCENT EXECUTIVE COURT  
SUITE 510  
LAKE MARY FL 32795  
US

P.O. BOX 585087  
ORLANDO FL 32858-5087

2. Principal Place of Business

3. Mailing Address

5610 Laxon Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

36-2425375

Applied For

Not Applicable

Zip

Country

32808

Orange

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title 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 criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  
CEO  
JOYCE, STEPHEN P  
249 CENTRAL AVENUE  
RYE NY 10580 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A. Louis Parker CEO, ☒ Change ☐ Addition  
President

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STIFF, GEOFFREY S  
25716 SE 32ND PLACE  
USSAQUAH WA 98027 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOSES, VICTOR C  
5210 NE 43RD  
SEATTLE WA 98105 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KELGREN, THOMAS E  
343 LAKE ROAD  
LAKE MARY FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
WORTMAN, BETH  
9650 WILD OAK DRIVE  
WINDERMERE FL 34786 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Glenn Joppa SVP, General Counsel & Secy ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
EDMONDS, PATRICK L  
5137 SUN PALM DRIVE  
WINDERMERE FL 34786 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Timothy C. Stonesifer SVP, CFO ☒ 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: Wren L. Fetterhoff, VP 1/26/00 407-294-2709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)