

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005885

1. Entity Name

ERIN FINANCIAL GROUP, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90005 039 ***150.00

Principal Place of Business 258 SOUTHHALL LANE STE 300 MAITLAND FL 32751 US	Mailing Address 258 SOUTHHALL LANE STE 300 MAITLAND FL 32751-7457 US
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2. Principal Place of Business 30 HUNTERS TRAIL Suite, Apt. #, etc.	3. Mailing Address 130 HUNTERS TRAIL Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Longwood FL	City & State Longwood FL
Zip 32779	Zip 32779
Country USA	Country USA

4. FEI Number 59-3169075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required	\$8.75

6. Name and Address of Current Registered Agent

O'DONNELL, ERIN H
130 HUNTERS TRAIL
LONGWOOD FL 32779

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 Erin O'Donnell ERIN O'DONNELL 3-31-00
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) <input type="checkbox"/>	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. <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	P HIGGINS, JOHN J 130 HUNTERS TRAIL LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINS, MARGARET 130 HUNTERS TRAIL LONGWOOD FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGINS, MARGARET 130 HUNTERS TRAIL LONGWOOD FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENMON, JULIE 113 STEEPLE CHASE CIRCLE SANFORD FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: Erin O'Donnell ERIN O'DONNELL 3-31-00 407-839-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)