

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P93000070050
THE FINANCIAL HOUSE, INC.

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

05-11-2000 90263 005 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

6488 MIAMI LAKES DRIVE EAST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI LAKES, FLORIDA

Zip

Country

Zip

Country

33014

U.S.

4. FEI Number

65-0479616

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

Name

M/C

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

City

FL

Zip Code

House, Colonel A.T

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

Colonel A.T. House

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

(NOTE: Registered Agent signature required when reinstating)

27 APRIL 2000

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

TITLE MAUNING Director / Treasurer ☐ Delete
NAME House A.T. Colonel Assistant Secy & Dir
STREET ADDRESS 6488 MIAMI LAKES DR E
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE Executive Director / Sec / Asst Treasurer ☐ Delete
NAME RICE, JUDY
STREET ADDRESS 11218 W. MARLOWE AVE.
CITY-ST-ZIP LITTLETON, CO. 80127

TITLE Director ☐ Delete
NAME WILKINSON, CHRIS
STREET ADDRESS HILL DALE ROAD
CITY-ST-ZIP PLYMOUTH, MA 02360

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Colonel A.T. House

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2000

Date

Daytime Phone #

CR2E034 (9/99)