

9/12/01-90014-014-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000019666**

1. Entity Name

FINANCE FUNDING CORP.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 AM 9:54

Principal Place of Business

250 S AUSTRALIAN AVENUE
9TH FLOOR
WEST PALM BEACH FL 33401
US

Mailing Address

250 S AUSTRALIAN AVE
9TH FLOOR
W PALM BEACH FL 33401
US

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

65-0492974

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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 VCPO ☐ Delete
NAME SHAW, PAUL A
STREET ADDRESS 250 S AUSTRALIAN AVE 9TH FL
CITY-ST-ZIP W PALM BEACH FL 33401TITLE V CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CCD ☒ Delete
NAME HARTLEY, KEITH
STREET ADDRESS 250 S AUSTRALIAN AVENUE 9TH FL
CITY-ST-ZIP W PALM BEACH FL 33401TITLE CCD ☐ Change ☐ Addition
NAME Glen Kassen
STREET ADDRESS 250 S. Australian Avenue, 9th Floor
CITY-ST-ZIP West Palm Beach, FL 33401TITLE PCFO ☒ Delete
NAME PAUL, JOSEPH A
STREET ADDRESS 250 S AUSTRALIAN AVENUE 9TH FL
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)