

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079567

1. Entity Name

FRAN FINANCIAL INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90079 029 ***150.00

Principal Place of Business

2502 ROCKY POINT DR
SUITE 660
TAMPA FL 33607
US

Mailing Address

2502 ROCKY POINT DR
SUITE 660
TAMPA FL 33607-1445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3278192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

LU000007C

6. Name and Address of Current Registered Agent

CRAWFORD, ELIZABETH T
6830 CENTRAL AVE
SUITE B
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name
COHRS, DENIS A.

Street Address (P.O. Box Number is Not Acceptable)
2841 EXECUTIVE DRIVE, SUITE 120

City
CLEARWATER

FL

Zip Code
33762

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

Denis A. Cohrs

3/29/00

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)

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	Change	Addition
	PSTD GORDON, KENNETH A	2502 ROCKY PT DRIVE, STE 660	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth A. Gordon
04/11/00

813-282-1501

CR2E034 (9/99)