

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092478

1. Entity Name

FINANCIAL RESOURCES GROUP, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90040 001 \*1,050.00

Principal Place of Business

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134  
US

Mailing Address

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS FL 34134-4920  
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

59-3279648

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

HASTINGS, VIVIEN  
24301 WALDEN CENTER DR.  
BONITA SPRINGS FL 34134

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	CD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ALFRED JR	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLINN, MILTON G	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, DON E.	
STREET ADDRESS	39 LOCUST AVE	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETER, LESLIE E.	
STREET ADDRESS	510 VONDERBURG DR STE 3000	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffman, Alfred Jr.	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flinn, Milton G.	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ackerman, Don E.	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Starkey, Jerry L.	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dietz, James	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hastings, Vivien	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	

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.

Vivien Hastings, Vice President

SIGNATURE:

*Vivien Hastings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (941) 947-2600

Date

Daytime Phone #

CR2E034 (9/99)