

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90308 049 ***150.00

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DOCUMENT # P95000008805

1. Entity Name
FUTURE FIRST FINANCIAL GROUP, INC.



Principal Place of Business
**814 HWY A1A
SUITE 300
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**814 HWY A1A
SUITE 300
PONTE VEDRA BEACH FL 32082
US**

2. Principal Place of Business
1301 Riverplace Blvd

3. Mailing Address
P.O. Box 3552

Suite, Apt. #, etc.
Suite 1720

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Ponte Vedra Beach, FL

Zip
32207

Country
USA

Zip
32004

Country
USA

4. FEI Number
59-3296961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WHITE, CHRISTOPHER A
814 HIGHWAY A1A NORTH
SUITE 305
PONTE VEDRA FL 32082~~

Name
David M. Levine, Esq

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

201 S. Biscayne Blvd, Ste 2600

City
Miami

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEAVENEY, FRANCIS X.
814 HWY A1A STE 300
PONTE VEDRA BEACH FL 32082** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Conservator
David M. Levine, Esq
201 S. Biscayne Blvd, Ste 2600
Miami, FL 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

4/25/03
Date

(305) 536-1112
Daytime Phone #

CR2E034 (10/02)