

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 AUG 22 AM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016925

1. Entity Name

FIRST FLORIDA INTERNATIONAL HOLDINGS, INC.

Principal Place of Business

Mailing Address

3502 Henderson Blvd, Ste 300
Tampa, FL 33609

C/O TAX DEPT 9501 E. SHEA BLVD
SCOTTSDALE AZ 85260-6719

2. Principal Place of Business

3502 Henderson Blvd, Ste 300

Suite, Apt. #, etc.

3. Mailing Address

C/O TAX DEPT 9501 E. SHEA BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

SCOTTSDALE AZ

4. FEI Number

59-3308648

Applied For

Not Applicable

Zip

Country

33609

USA

Zip

Country

85260-6719

USA

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

C T Corporaton System
1200 South Pine Island Road
Plantation, Florida 33324

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, 2001 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 Chairman, CEO ☐ Delete
NAME David D. Halbert
STREET ADDRESS 5215 N. OConnor Blvd, Ste 1600
CITY - ST - ZIP Irving, TX 75039

TITLE ☐ Change ☐ Addition
NAME 300004548943
STREET ADDRESS
CITY - ST - ZIP

TITLE President ☐ Delete
NAME Paul F. Wutz
STREET ADDRESS 3502 Henderson Blvd, Ste 300
CITY - ST - ZIP Tampa, FL 33609

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

TITLE Vice President and Secretary ☐ Delete
NAME Laura I. Johansen
STREET ADDRESS 5215 N. OConnor Blvd, Ste 1600
CITY - ST - ZIP Irving, TX 75039

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

TITLE CFO ☐ Delete
NAME T. Danny Phillips
STREET ADDRESS 5215 N. OConnor Blvd, Ste 1600
CITY - ST - ZIP Irving, TX 75039

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

TITLE Treasurer ☐ Delete
NAME Stephen Houk
STREET ADDRESS 5215 N. OConnor Blvd, Ste 1600
CITY - ST - ZIP Irving, TX 75039

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME Asst. Treasurer
STREET ADDRESS Peter Connolly
CITY - ST - ZIP 9501 E. Shea Blvd
Scottsdale, AZ 85260

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter Connolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/2001 480.661.2394
Date Daytime Phone #

CR2E034 (11/00)



ACCOUNT NO. : 072100000032

REFERENCE : 432742 5048552

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 558.75

ORDER DATE : August 20, 2001

ORDER TIME : 10:43 AM

ORDER NO. : 432742-105

CUSTOMER NO: 5048552

CUSTOMER: Ms. Alicia Evans
Advance Paradigm, Inc.
Suite 1600
5215 North O'Connor Boulevard
Irving, TX 75039

ANNUAL REPORT FILING

NAME: FIRST FLORIDA INTERNATIONAL
HOLDINGS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

RECEIVED
01 AUG 22 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA