

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90033 021 \*\*\*150.00

**DOCUMENT # P95000045625**

1. Entity Name

**FIRST FLORIDA LENDING CORPORATION**

Principal Place of Business

Mailing Address

228 PARK AVENUE NORTH  
 SUITE J  
 WINTER PARK FL 32789  
 US

228 PARK AVENUE NORTH  
 SUITE J  
 WINTER PARK FL 32789-3886  
 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 **59-3319225**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAMS, LEHN E**  
**801 N. MAGNOLIA AVENUE**  
**SUITE 201**  
**ORLANDO FL 32803**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete <b>PSTD</b> <b>JACOBS, SUSAN H</b> <b>288 PARK AVENUE N9ORTH, SUITE J</b> <b>WINTER PARK FL 32789</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
	<input type="checkbox"/> Delete <b>V</b> <b>ABRAMS, LEHN E</b> <b>801 N. MAGNOLIA AVE., SUITE 201</b> <b>ORLANDO FL 32803</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
	<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
	<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
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	<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
	<input type="checkbox"/> Delete _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	

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: Susan H. Jacobs **QUIRER** Susan H. Jacobs 4/25/00 407/657-5323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)