

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065825

1. Entity Name

THE FIRST AMERICAN INVESTMENT BANKING CORPORATION

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90035 041 ***150.00

Principal Place of Business

Mailing Address

710 OAKFIELD DRIVE, SUITE 208
BRANDON FL 33511

710 OAKFIELD DRIVE, SUITE 208
BRANDON FL 33511-4924



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 S. Harbour Island Blvd.

601 S. Harbour Island Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Tampa, FL.

Tampa, FL.

Zip

Country

Zip

Country

33602

United States

33602

United States

4. FEI Number

59-3333062

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

LANE, TOMMY B
710 OAKFIELD DRIVE, SUITE 208
BRANDON FL 33511

Name

Geoffrey Todd Hodges

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

601 South Harbour Island Boulevard

Suite 200

City

Tampa

FL

Zip Code

33602

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]

Geoffrey Todd Hodges

01/05/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, TOMMY B	
STREET ADDRESS	11400 OAK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, STEPHANIE J	
STREET ADDRESS	11400 OAK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Grandbouché	
STREET ADDRESS	601 S. Harbour Island Blvd., Ste. 200	
CITY-ST-ZIP	Tampa, FL. 33602	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Wlowiak	
STREET ADDRESS	601 South Harbour Island Blvd., Ste. 200	
CITY-ST-ZIP	Tampa, FL. 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Moreyra	
STREET ADDRESS	601 S. Harbour Island Blvd., Ste. 200	
CITY-ST-ZIP	Tampa, FL. 33602	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoffrey Todd Hodges	
STREET ADDRESS	601 S. Harbour Island Blvd., Ste. 200	
CITY-ST-ZIP	Tampa, FL. 33602	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Tramontano	
STREET ADDRESS	601 S. Harbour Island Blvd., Ste. 200	
CITY-ST-ZIP	Tampa, FL. 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey T. Hodges, V. P.

Date

01/05/00

Daytime Phone #

813-262-2365