

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067858

1. Entity Name  
**BANC SERVICING CENTER, INC.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90308 028 \*\*\*150.00

Principal Place of Business  
**1750 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304**

Mailing Address  
**1750 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0624340</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FURMAN, JACK A. E</b> <b>1750 E SUNRISE BLVD</b> <b>150 WEST FLAGLER STREET</b> <b>FT LAUDERDALE FL 33304</b>		Name <b>Jarett S. Levan</b> Street Address (P.O. Box Number is Not Acceptable) <b>1750 E. Sunrise Blvd.</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>	

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 **Jarett S. Levan** DATE **4/20/01**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVAN, ALAN B</b> <b>1750 EAST SUNRISE BOULEVARD</b> <b>FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIECO, FRANK V</b> <b>1750 EAST SUNRISE BOULEVARD</b> <b>FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LEVAN, JARETT S</b> <b>1750 EAWST SUNRISE BLVD</b> <b>FT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DURKIN, CHARLES V</b> <b>1750 EAST SUNRISE BLVD</b> <b>FT LAUDERDALE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>WEISMAN, SUSAN</b> <b>1750 EAST SUNRISE BLVD</b> <b>FT LAUDERDALE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>p</b> <b>Lewis F. Sarrica</b> <b>1750 E. Sunrise Blvd.</b> <b>Fort Lauderdale, FL 33304</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>ALBERT, SHELBY</b> <b>1750 EAST SUNRISE BLD</b> <b>FT LAUDERDAEL FL 33304</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>Richard Lang</b> <b>1750 E. Sunrise Blvd.</b> <b>Fort Lauderdale, FL 33304</b> <input type="checkbox"/> Change <input checked="" 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: **Jarett S. Levan** DATE **4/20/01** DAYTIME PHONE # **954-585-2710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)