

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90037 008 ***150.00

DOCUMENT # P96000026822

1. Entity Name

ANDERSON FUNDING CORPORATION

Principal Place of Business

10827 GLENEAGLES RD
 BOYNTON BEACH FL 33436

Mailing Address

10827 GLENEAGLES RD
 SUITE 405
 BOYNTON BEACH FL 33436-4820

2. Principal Place of Business

2201 N.W. CORPORATE BLVD.

3. Mailing Address

2201 N.W. CORPORATE BLVD.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0658851

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

ANDERSON, THOMAS L JR
 10827 GLENEAGLES RD
 BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name
 THOMAS L. ANDERSON JR.
 Street Address (P.O. Box Number is Not Acceptable)
 2201 N.W. CORPORATE BLVD.
 SUITE 102
 City BOCA RATON FL Zip Code 33431

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

Thomas L. Anderson Jr.
 Signature typed or printed name of registered agent and title if applicable.

THOMAS L. ANDERSON JR., PRES.

DATE

4/25/00

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, THOMAS L JR	
STREET ADDRESS	10827 GLENEAGLES RD	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDERSON, LESLIE B	
STREET ADDRESS	10827 GLENEAGLES ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

Thomas L. Anderson Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. ANDERSON JR., PRES.

Date

4/25/00 (SGI) 241-5600

Daytime Phone #

CR2E034 (9/99)