

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P97000019228

1. Entity Name

COMMERCE FINANCIAL CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 18 PM 1:54

Principal Place of Business

2221 LEE ROAD
SUITE 22
WINTER PARK FL 32789

Mailing Address

2221 LEE ROAD
SUITE 22
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3443565

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMAS, BRYAN M
STE 22
WINTER PARK FL 32789

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D P** ☐ Delete
NAME **THOMAS, BRYAN M**
STREET ADDRESS **2221 LEE RD STE 22**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Thomas Bianco**
STREET ADDRESS **2221 Lee Road, Suite 22**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Asst. Secretary** ☐ Change ☒ Addition
NAME **Patricia Andrews**
STREET ADDRESS **2221 Lee Road, Suite 22**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Patricia Andrews, Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA ANDREWS

7-17-2000

Date

Daytime Phone #

407-644-9319

CR2E034 (5/00)

20f2



FULCRUM
PROPERTIES, INC.

July 17, 2000

BY AIRBORNE EXPRESS

Florida Department of State
Division of Corporations
Attn: Jennifer, Internet Access
409 East Gaines Street
Tallahassee, FL 32399

Re: Commerce Financial Corporation
Document# P97000019228

Dear Sir or Madam:

On January 17, 2000, we submitted the 2000 Uniform Business Report for the captioned corporation along with a check for the \$150 filing fee. Our bank confirms that the check has not cleared and Jennifer of your office advised by e-mail that the form and check were not received in your office. She instructed me to submit another completed form and another check for \$150.

Please let me know if you need any other information from this office.

Very truly yours,

FULCRUM PROPERTIES, INC.

By: Patricia Andrews
Patricia Andrews, Office Manager

Enclosures