

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000022951**

1. Entity Name

FIRST TELEBANC CORP.

Principal Place of Business

Mailing Address

**5295 TOWN CENTER RD
STE 400
BOCA RATON FL 33486****5295 TOWN CENTER RD
STE 400
BOCA RATON FL 33486**

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 **58-2294935**

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

**HAUGHTON, HERBERT D
IGLER AND DOUGHERTY, P.A.
1501 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Name

GLENN E. GROMANN

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

C/O NET FIRST NATIONAL BANK**5955 TOWN CENTER ROAD, 4TH FLOOR**

City

BOCA RATON

FL

Zip Code

33486

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

1/8/009. 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, 2001 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** ☐ Delete
NAME **GROVES, BRADLEY**
STREET ADDRESS **300 WALNUT RIDGE CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**TITLE **TSD** ☐ Delete
NAME **DUFFY, KEITH F**
STREET ADDRESS **21707 SAN SIMEON CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE **D** ☒ Delete
NAME **HOLLANDER, BARRY**
STREET ADDRESS **1221-B SOUTH BATESVILLE RD.**
CITY-ST-ZIP **GREER SC 29650**TITLE **PC** ☒ Delete
NAME **HEWITT, RICHARD III**
STREET ADDRESS **1637 SE 14TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR, SHANNON** ☐ Change ☒ Addition
NAME **RANDALL R. ROSSILLI**
STREET ADDRESS **4492 NE OCEAN BLVD, BLDG 102, UNIT**
CITY-ST-ZIP **JENSEN BEACH FLORIDA 34957 A2**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH F DUFFY

Date

Daytime Phone #

CR2E034 (10/00)

0328391