

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031336

1. Entity Name  
FIRST FEDERAL TRUSTEE CORPORATION

f

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 038 \*\*\*150.00

Principal Place of Business  
409 SOUTH OLD DIXIE HIGHWAY  
LADY LAKE FL 32159

Mailing Address  
POST OFFICE BOX 158  
FRUITLAND PARK FL 34731

00000016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

HUNT, R  
409 SOUTH OLD DIXIE HIGHWAY  
LADY LAKE FL 32159

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** ☐ Delete  
NAME HUNT, R  
STREET ADDRESS P O BOX 158 N/A  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE **D** ☐ Change ☐ Addition  
NAME Hunt, R.  
STREET ADDRESS 409 S. Old Dixie Hwy.  
CITY-ST-ZIP Lady Lake, FL 32159

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00  
Date

CRA  
352 753 8900  
Daytime Phone #

CR2E034 (5/00)

*L. A. Jones, P.A.*

CERTIFIED PUBLIC ACCOUNTANTS

LESLIE A. JONES, CPA

MAILING ADDRESS  
P.O. BOX 1719  
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900  
FAX (352) 750-3344

PHYSICAL ADDRESS  
409 S. OLD DIXIE HWY.  
LADY LAKE, FL 32159

*Attachment  
P97000031336  
ADDL 06/14*

July 12, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: FIRST FEDERAL TRUSTEE CORPORATION ANNUAL REPORT**

Gentlemen:

Our client, First Federal Trustee Corporation has advised us that this is the first notice (and form for them to fill out and return) they have received covering the year 2000, and have therefore been unable to complete this task prior to now.

We would therefore request that the initial price for filing earlier be allowed for this client. Enclosed find check for \$150. to cover this filing, since it was not the fault of our client no form had been sent or delivered by the post office prior to now.

Please waive the penalty for late filing due to reasonable cause.

Yours very truly,

L.A. JONES, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

  
L. JONES, C.P.A.

cc client.