

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90448 006 ***150.00

0620495

DOCUMENT # P97000103700

1. Entity Name

SECOND CITY FINANCIAL GROUP, INC.

Principal Place of Business

**4310 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33614**

Mailing Address

**P.O. BOX 21527
 TAMPA FL 33622
 US**

00044068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 21527

3. Mailing Address

P.O. BOX 21527

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3483027

Applied For

Not Applicable

Zip

33610

Country

Zip

33610

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOSS, CRAIG I
 4310 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

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

6604 N. HARVEY RA. SUITE A

City

TAMPA

FL

33610

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MOSS, HOWARD**
 STREET ADDRESS **P.O. BOX 21527**
 CITY-ST-ZIP **TAMPA FL 37622**

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

TITLE **D** ☐ Delete
 NAME **MOSS, CRAIG I**
 STREET ADDRESS **P.O. BOX 21527**
 CITY-ST-ZIP **TAMPA FL 33622**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

DATE

(813) 35-0622

Daytime Phone #

CR2E034 (10/00)