2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000058806 1. Entity Name FUNDS AMERICA FINANCE CORPORATION						FILED Mar 23, 2000 8:00 am Secretary of State 03-23-2000 90005 021 ***150.00		
Principal Place 2501 E. COMME SUITE 210 FORT LAUDERD	ERCIAL BLVD	Mailing Address 2501 E. COMMERCIAL BLVD SUITE 210 FORT LAUDERDALE FL 33316-1646				F TARTIADI ILA TRIAL FULLI ADILF ADILF	~ ~ 1 0 0 0	n anti tadi
545 FT Sujte, Apt.	Ace of Business LAND Bch BIND #, etc.	3. Mailing Addrage Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
Gity & State		City & State		1	4 . F	-El Number 65-0847728		lied For Applicable
33316	Country USA	Zip	Countr	<u></u>	5. (Certificate of Status Desired	\$8.75 Addit Fee Required	
	6. Name and Address of Current R	tegistered Agent		Name		Name and Address of New Reg	pistered Agent	
SAND, MARK 2501 E. COMMERCIAL BLVD SUITE 210				Name MARK SAND Strest Arders (PPPox Number is Not Acceptable) BWD #201				
FOR		F	City	LWD	>	FL Zigogo	3/6	
8. The above	named entity supmits this statement for	the purpose of changing its	registere			ent, or both, in the State of Florid	1 ^{a.} (
	Signature, typed or printed name of registered agent ar	MCK SAND ind title if applicable. (NOTE	Registered	Agent signature i	equired when re	ainstating)	-1 7/0-0 -	
Tax filing re	equirement and elects to do so.	FILE NOW! After MAY 1, 200 Make Check Payabl	10 Fee v	vill be \$550		10. Election Campaign Finar Trust Fund Contribution.) May Be to Fees
11. TITLE	OFFICERS AND D		12. TITLE		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	SAND, MARK		NAME STREE	T ADDRESS ST - ZIP		<u>,</u>		Addition
TITLE NAME Street Address City- St- Zip	D SCHEUERMAN, CHARLES 5741 NE 18TH AVE., APARTMENT ONE			ADDRESS FYS FTLIND BCG BIND #1201 T-ZIP FTLIND FL 333/6				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADORESS ST- ZIP	JANIS 5555	borony -D Horeth Ocenni NOV PR 3336	Change ろいうオケン	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗌 Delete		T ADDRESS ST-ZIP	2501	K SCHHUR- EAST COMMUNIC	510D #263	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		T ADDRESS ST-ZIP	54eu 545	FLAND BC4B LAND FC 33	I-D-Change ND #2.01	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		T ADDRESS ST-ZIP			Change	Addition
indicated	Control of the information supplied with on this report or supplemental report is poration or the repeiver or trustee empor or on an attachment with an address, w URE:	true and accurate and that m	iy signati as require	ore shall have ad by Chapte	e the same.	legal effect as it made under oa ida Statutes; and that my name :	th: that I am an oπicer o	nrairector i