

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074764

1. Entity Name

NATIONS FUNDING GROUP, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90070 029 \*\*\*150.00

Principal Place of Business	Mailing Address
133 E. PALMETTO PARK RD STE A BOCA RATON FL 33482	133 E. PALMETTO PARK RD STE A BOCA RATON FL 33432-8070

2. Principal Place of Business	3. Mailing Address
1401 So. Ocean Blvd.	1401 So. Ocean Blvd.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #102	Suite 102

City & State	City & State
Boca Raton FL 33432	Boca Raton FL.

Zip	Country	Zip	Country
33432	USA	33432	USA

6. Name and Address of Current Registered Agent

RESH, MICHAEL H  
133 E. PALMETTO PARK RD.  
STE A  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Michael H. Resh  
Street Address (P.O. Box Number is Not Acceptable): 1401 So. Ocean Blvd.  
Suite 102  
City: Boca Raton FL Zip: 33432

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:  DATE: 4-20-00  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESH, MICHAEL H	NAME	
STREET ADDRESS	5095 VENTURA DR.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESH, ROBERT A	NAME	
STREET ADDRESS	5095 VENTURA DR.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 4-20-00 DAYTIME PHONE #: 561-702-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Michael H. Resh

CR2E034 (9/99)