

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90227 049 ***150.00

DOCUMENT # P98000074788

1. Entity Name
FUNDSAMERICA FUNDING CORP.

Principal Place of Business
965 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33309

Mailing Address
965 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33309



2. Principal Place of Business
1001 W. COMMERCIAL BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUD FL

Zip **33309** Country **USA**

Zip Country

4. FEI Number **65-0862697**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAND, MARC
965 WEST COMMERCIAL BLVD.
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **MARK SAND**
 Street Address (P.O. Box Number is Not Acceptable) **1001 W. COMMERCIAL BLVD**
 City **FT LAUD** **FL** Zip Code **33309**

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 **1/29/02**

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, 2002 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 **VP** ☐ Delete
 NAME **DORONY, JANIS M**
 STREET ADDRESS **965 W. COMMERCIAL BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **T** ☐ Delete
 NAME **SURKES, MICHAEL**
 STREET ADDRESS **965 WEST COMMERCIAL BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/29/02**

Daytime Phone # **954-7711414**

CR2E034 (9/01)