

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90282 048 \*\*\*158.75

**DOCUMENT # P98000089442**

1. Entity Name

**FEDFIRST CORP.**

Principal Place of Business

**4161 N.W. 5TH STREET  
PLANTATION FL 33317**

Mailing Address

**PO BOX 5347  
FT LAUDERDALE FL 33310  
US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 407193**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT Lauderdale, FL**

Zip

Country

Zip

Country

**33340 U.S.**

4. FEI Number **65-0881728**

Applied For

Not Applicable

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

**MILNE, SAMUEL A  
4161 NW 5 ST  
FORT LAUDERDALE FL 33317**

Name **James A. Epstein**

Street Address (P.O. Box Number is Not Acceptable)  
**4161 N.W. 5th Street**

City **Plantation** FL Zip Code **33317**

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.

**James A. Epstein**

**1-24-01**

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          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>LAWSON, EDWARD J</b>     |  |
| STREET ADDRESS | <b>4161 N.W. 5TH STREET</b> |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |
| TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DOCTOR, DONALD L</b>     |  |
| STREET ADDRESS | <b>4161 NW 5TH ST</b>       |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |
| TITLE          | <b>SD</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DOYLE, PATRICK D</b>     |  |
| STREET ADDRESS | <b>4161 NW 5TH ST</b>       |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |
| TITLE          | <b>TD</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>LAWSON, MICHELE V</b>    |  |
| STREET ADDRESS | <b>4161 NW 5TH ST</b>       |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RAYMOND, RONALD A</b>    |  |
| STREET ADDRESS | <b>4161 NW 5TH ST</b>       |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEONARD, CARLA L</b>     |  |
| STREET ADDRESS | <b>4161 NW 5TH ST</b>       |  |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |  |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph A. Epstein</b>    |  |
| STREET ADDRESS | <b>4161 NW 5 street</b>     |  |
| CITY-ST-ZIP    | <b>Plantation, FL 33317</b> |  |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Kent M. Linder</b>       |  |
| STREET ADDRESS | <b>4161 NW 5 Street</b>     |  |
| CITY-ST-ZIP    | <b>Plantation, FL 33317</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Bruce F. Simberg</b>     |  |
| STREET ADDRESS | <b>4161 NW 5 Street</b>     |  |
| CITY-ST-ZIP    | <b>Plantation, FL 33317</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Wallace J. Hilliard</b>  |  |
| STREET ADDRESS | <b>4161 NW 5 Street</b>     |  |
| CITY-ST-ZIP    | <b>Plantation, FL 33317</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert E. McNally</b>    |  |
| STREET ADDRESS | <b>4161 NW 5 Street</b>     |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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

**Kent M. Linder**

Date

Daytime Phone #

**1-24-01 581-9993**

CR2E034 (10/00)