

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90217 002 ***150.00

DOCUMENT # P99000013133

1. Entity Name
FIRST INDEX FUND ADVISORS, INC.

Principal Place of Business
**10630 NORTH 56TH STREET #200
 TAMPA FL 33617**

Mailing Address
**10630 NORTH 56TH STREET #200
 TAMPA FL 33617-3612**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 S. Harbour Island Blvd

3. Mailing Address
601 S. Harbour Island Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number

Applied For
 Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

**HODGES, GEOFFREY T
 400 NORTH TAMPA STREET
 SUITE 2630
 TAMPA FL 33602**

Name
Geoffrey Todd Hodges, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
**601 South Harbour Island Blvd.
 Suite 200**
 City
Tampa FL Zip Code
33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MUSOLINO, FRANK	10630 NORTH 56TH STREET #200	TAMPA FL 33617	<input type="checkbox"/>
D	WANNAMAKER, WHITFIELD	2910 BAY TO BAY BOULEVARD #211	TAMPA FL 33629	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Frank Musolino	601 S. Harbour Island Blvd, Ste 200	Tampa, Florida 33602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **4/27/00** Daytime Phone #: **813-262-2365**

CR2E034 (9/99)