

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90001-023-\$150.00-\$150.00

DOCUMENT # P99000035222

1. Entity Name  
FIRST FOUNDATION CAPITAL CORP.

FILED

00 SEP 27 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1396 SOUTH BABCOCK ST.  
MELBOURNE FL 32901

Mailing Address  
1396 SOUTH BABCOCK ST.  
MELBOURNE FL 32901

2. Principal Place of Business  
2666 EMERALD LAKE CT  
Suite, Apt. #, etc.

3. Mailing Address  
2666 EMERALD LAKE CT.  
Suite, Apt. #, etc.

City & State  
Kissimmee, FL.

City & State  
Kissimmee, FL.

Zip  
34744

Country  
USA

Zip  
34744

Country  
USA

4. FEI Number  
59-3578097

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BEALS, ROBERT L  
1900 SOUTH HICKORY ST. STE. A  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent  
Name  
DONALD R. CASSIDY  
Street Address (P.O. Box Number is Not Acceptable)  
2666 EMERALD LAKE CT.  
City  
Kissimmee FL Zip Code  
34744

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  
DONALD R. CASSIDY President

9-14-00

Signature required of new registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	D	<input type="checkbox"/> Delete
NAME	ALLEN, KENNETH E	
STREET ADDRESS	1396 SOUTH BABCOCK ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIDY, DONALD R	
STREET ADDRESS	1396 SOUTH BABCOCK ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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: DONALD R. CASSIDY

9-14-00

407-933  
1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc# : P091000035222  
A0079577

9-14-00

TO

DIVISION OF CORPORATIONS

DEPT. OF STATE

TALLAHASSEE, FL.

Re: First Foundation Capital  
Gentlemen: Corp.

Please be Advised That We Never  
Received The First (U.B.R.)  
Notice, And in Fact  
Did Not Receive The Second  
Notice Until 9-13-00.

Dr. Cassidy  
President