2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P99000070981** 1. Entity Name FIRST FINANCIAL ASSOCIATES, INC. 04-25-2001 90017 038 ***150.00 Principal Place of Business Mailing Address 100 2ND AVE SOUTH 100 2ND AVE SOUTH STE 200 S STE 200 S ST PETERSBURG FL 33704 ST PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 100 ZND AVE <u>Same</u> Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE ZOOS City & State Applied For City & State 4. FEI Number 59-3594185 57. PE TERSPURG Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3701 PINERUS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHRS, DENIS A Street Address (P.O. Box Number is Not Acceptable) 2841 EXECUTIVE DRIVE, STE 120 **CLEARWATER FL 33762** Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VICE PRESIDENT TITLE TITLE ☐ Delete LAURIE L. HARRIS 100 2ND AVE South, Ste 2005 NAME NAME NUSSBAUM, VALARIE K STREET ADDRESS STREET ADDRESS 115 ALMEDO WAY NE CITY-ST-ZIP CITY-ST-ZIP STIPETE FL 33704 ST PETERSBURG FL 33704 ☐ Delete TITL F ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change 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

changed, or on an attachment with an address, with all other like empowered. VALARIE K. NUSEBAJM SIGNATURE:

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