2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # **S09886**

POMERANCE FINANCIAL CORPORATION OF FLORIDA

micipal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

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12.

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BOX 952518 MARY FL 32795-9518

Principal Place of Business

MCCARTHY, TERENCE P.

This corporation is eligible to satisfy its intangible

POMERANCE, DAVID M.

STUART FL 34997

LERNER. NORMA G.

P.O. BOX 952518 N/A

LAKE MARY FL 32795

5222 SE HAROLD TERRACE

Tax filing requirement and elects to do so.

2081 E. OCEAN BLVD

STUART FL 34996

Suite, Apt. #, etc.

City & State

2-A

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ST-ZIP

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ST ZIP

ST ZIP

ST ZIP

..... ADDRESS

(See criteria on back)

PTD

Zip

P.O. 8OX 952518

6. Name and Address of Current Registered Agent

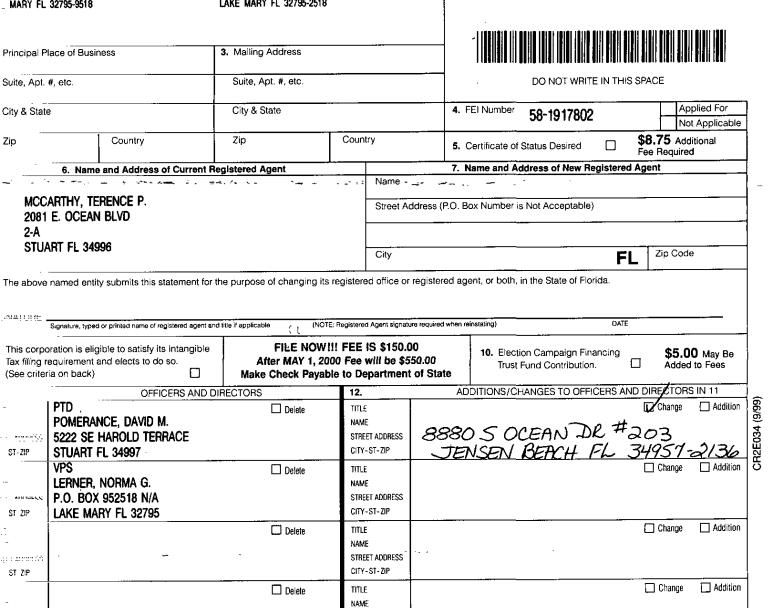
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

LAKE MARY FL 32795-2518

FILED Feb 07, 2000 8:00 am Secretary of State

02-07-2000 90074 005 ***150.00



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 address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Change

■ Addition

Addition