

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008419

**Entity Name:** FINANCIAL INSTITUTION VALUATION ADVISOR, INC.

**Current Principal Place of Business:**

518 NORTH TAMPA STREET, SUITE 300  
TAMPA, FL 33602

**Current Mailing Address:**

518 NORTH TAMPA STREET, SUITE 300  
TAMPA, FL 33602

**FEI Number: 85-2510783**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRENDA DOHRING HICKS  
518 NORTH TAMPA STREET, SUITE 300  
TAMPA, FL 33602 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HICKS, BRENDA D  
Address 518 NORTH TAMPA STREET, SUITE 300  
City-State-Zip: TAMPA FL 33602

Title VPD  
Name HICKS, JEFF D  
Address 518 NORTH TAMPA STREET, SUITE 300  
City-State-Zip: TAMPA FL 33602

Title TD  
Name GREER, EVERETT A  
Address 655 SOUTH FLOWER STREET, SUITE 355  
City-State-Zip: LOS ANGELES CA 90017

Title SD  
Name LANDIS, ROBERT B  
Address 6090 WEST LONGBRIDGE RD  
City-State-Zip: PENTWATER MI 49449

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRENDA D. HICKS**

**PRESIDENT, DIRECTOR**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date