## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # 231086** 1. Entity Name FIRST MORTGAGE CORPORATION OF WINTER HAVEN 01-22-2000 90068 001 \*\*\*150.00 Principal Place of Business Mailing Address 606 CYPRESS GARDENS RD. 606 cypress gardens RD. 904200 WINTER HAVEN FL 33880 WINTER HAVEN FL 33880-4457 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0883181 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, DENNIS G. Street Address (P.O. Box Number is Not Acceptable) 223 NASSAU ROAD WINTER HAVEN FL 33880 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE X Delete TITLE FISCHER, WERNER NAME NAME 535 ST ANDREWS RD SE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, DENNIS G NAME NAME STREET ADDRESS 223 NASSAU RD STREET ADDRESS CITY-ST-ZIP والمستعلق الم CITY-ST-ZIP \_ WINTER HAVEN, FL 00000 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERRY, WM A, JR NAME NAME STREET ADDRESS **508 S LAKE FLORENCE DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 00000 STD ☐ Delete TITLE ☐ Change Addition TIT! F WURZEL, EUGENE NAME NAME STREET ADDRESS STREET ADDRESS 210 LAKE LULA DR. CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 00000 X Delete TITLE ☐ Change ★ Addition TITLE FISCHER, WERNER DAVIS, TODD D. NAME NAME STREET ADDRESS STREET ADDRESS 535 ST ANDREWS RD SE 223 NASSAU RD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN WINTER HAVEN, FL 00000 33884 ☐ Delete TITLE ☐ Change ■ Addition TITLE WITTENBERG, BARBARA NAME NAME 142 LAKE RING DR. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: DENNISCG NDAVIS

WINTER HAVEN FL

1/17/00

FILED

11/11/