**FILED** 

1/10/01 (863) 294-3254

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: DENNIS G. DAVIS

## Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # 231086** 1. Entity Name FIRST MORTGAGE CORPORATION OF WINTER HAVEN 01-22-2001 90041 039 \*\*\*150.00 Principal Place of Business Mailing Address 606 CYPRESS GARDENS RD. 606 CYPRESS GARDENS RD. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 59-0883181 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, DENNIS G. Street Address (P.O. Box Number is Not Acceptable) 223 NASSAU ROAD WINTER HAVEN FL 33880 City Zip Code 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 DENNIS G. DAVIS PRESIDENT Signature, typed or printed name of registered agent and title if applicable 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, 2001 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 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE PD ☐ Delete TITLE Change ■ Addition NAME DAVIS, DENNIS G NAME STREET ADDRESS 223 NASSAU RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 00000 TITLE ☐ Delete ☐ Addition TITLE ☐ Change BERRY, WM A, JR NAME STREET ADDRESS 508 S LAKE FLORENCE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 00000 TITLE STD Delete TITLE ☐ Change Addition NAME WURZEL, EUGENE NAME STREET ADDRESS 210 LAKE LULA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 00000 TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition NAME TODD, DAVIS D NAME STREET ADDRESS STREET ADDRESS 223 NASSAU RD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete TITLE VSTD T Change ☐ Addition WITTENBERG, BARBARA NAME NAME WITTENBERG, BARBARA STREET ADDRESS STREET ADDRESS 142 LAKE RING DR. 142 LAKE RING DR. CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL WINTER HAVEN, FL 33084 ☐ Delete TITLE ☐ Change **X** Addition NAME NAME DAVIS, STANLEY C. STREET ADDRESS STREET ADDRESS 552 SAINT ANDREWS RD. CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 occoporation 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