

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90007 005 ***150.00

DOCUMENT # 231086

1. Entity Name
FIRST MORTGAGE CORPORATION OF WINTER HAVEN

Principal Place of Business
606 CYPRESS GARDENS RD.
WINTER HAVEN FL 33880

Mailing Address
606 CYPRESS GARDENS RD.
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0883181

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, DENNIS G.
223 NASSAU ROAD
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE DENNIS G. DAVIS/PRESIDENT

1/11/02

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 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **DAVIS, DENNIS G**
 STREET ADDRESS **223 NASSAU RD**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BERRY, WM A, JR**
 STREET ADDRESS **508 S LAKE FLORENCE DR**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **WURZEL, EUGENE**
 STREET ADDRESS **210 LAKE LULA DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **TODD, DAVIS D**
 STREET ADDRESS **223 NASSAU RD**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
 NAME **DAVIS, TODD D**
 STREET ADDRESS **1051 MOCKINGBIRD LANE**
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **VSD** ☐ Delete
 NAME **WITTENBERG, BARBARA**
 STREET ADDRESS **142 LAKE RING DR.**
 CITY-ST-ZIP **WINTER HAVEN FL 33084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DAVIS, STANLEY C**
 STREET ADDRESS **552 SAINT ANDREWS ROAD**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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.

SIGNATURE: DENNIS G. DAVIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 (863) 294-3254
 Date Daytime Phone #

CR2E034 (9/01)