

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276259

1. Entity Name

PARKWAY MORTGAGE COMPANY, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90297 038 \*\*\*158.75

Principal Place of Business	Mailing Address
201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134-5102	201 ALHAMBRA CIR 12TH FLR CORAL GABLES FL 33134-5108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1031613	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I  
 201 ALHAMBRA CIR  
 12TH FLR  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete RAMA, MICHAEL 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134
DV NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete GETMAN, DENNIS J. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134
PD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MCNAIRY, CHARLES 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134
SD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete KERRIGAN, JUANITA I. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES FL 33134
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Juanita I. Kerrigan, Secretary 4/17/00 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JUANITA I. KERRIGAN

CR2E034 (9/99)