

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90042 004 ***150.00

DOCUMENT # K62189

1. Entity Name
EASTERN MORTGAGE CORPORATION

Principal Place of Business Mailing Address
 8380 BAYMEADOWS RD 8380 BAYMEADOWS RD #9
 SUITE 9 SUITE 9
 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7435
 US US

A0001197



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 **59-2932139** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, DAVID B
8380 BAYMEADOWS RD
SUITE 9
JACKSONVILLE FL 32256

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 **1/4/00**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, DAVID B	
STREET ADDRESS	12969 FALLENTREE DR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HYNES, JAMES	
STREET ADDRESS	11810 INDIAN BLUFF COVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERRY, BONNIE J	
STREET ADDRESS	1541 6TH AVE N	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEITNER, PHILIP M	
STREET ADDRESS	2206 NW 3RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIBERT, SANDE	
STREET ADDRESS	2885 N. DEER AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BISHOP, MELISSA	
STREET ADDRESS	1715 HODGES BLVD #2916	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis David B.	
STREET ADDRESS	12969 Falldree Dr. N.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **1/4/00** DAYTIME PHONE # **904-739-9835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)