

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90084 023 \*\*\*158.75

**DOCUMENT # K83576**

1. Entity Name

**NATIONAL HOME LOAN CORPORATION**

Principal Place of Business

Mailing Address

116 N FEDERAL HWY  
 DEERFIELD BCH FL 33441  
 US

116 N FEDERAL HWY  
 DEERFIELD BCH FL 33441-3610  
 US

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 **65-0117116**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SHANAHAN, PATRICK C.**  
**6174 NW 123 LANE**  
**CORAL SPRINGS FL 33076**

**7. Name and Address of New Registered Agent**

Name **Patrick C Shanahan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Address Change Only**  
**116 North Federal Hwy**  
 City **Deerfield Beach** FL Zip Code **33441-3610**

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

*[Handwritten Signature]*  
 Patrick C  
 Shanahan

1/17/00

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHANAHAN, PATRICK C.</b>
STREET ADDRESS	<b>1480 NW 14TH AVE. 116 North Federal Hwy</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486 - Deerfield Beach FL 33441</b>
TITLE	<b>SVP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CASTAGNOLO, CAROLINE</b>
STREET ADDRESS	<b>1480 NW 14TH AVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patrick C Shanahan</b>
STREET ADDRESS	<b>116 North Federal Hwy</b>
CITY-ST-ZIP	<b>Deerfield Beach FL 33441-3610</b>
TITLE	<b>VP, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wayne Rioux</b>
STREET ADDRESS	<b>116 North Federal Hwy</b>
CITY-ST-ZIP	<b>Deerfield Beach FL 33441-3610</b>

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 954 233 5363 x 26  
 Date Daytime Phone #