

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019907 AF

**DOCUMENT #** M00000001449  
**1. Entity Name**  
 IDL MORTGAGE, LLC

**FILED**

2001 MAY -2 PM 3:11

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business** 6338 PRESIDENTIAL COURT. STE 205 FORT MYERS FL 33919  
**Mailing Address** 6338 PRESIDENTIAL COURT. STE 205 FORT MYERS FL 33919

**2. Principal Place of Business** 1205 CAPE CORAL PKWY E. Suite, Apt. #, etc.  
**3. Mailing Address** 1205 CAPE CORAL PKWY E. Suite, Apt. #, etc.

**City & State** CAPE CORAL, FL  
**City & State** CAPE CORAL, FL  
**Zip** 33904 **Country**  
**Zip** 33904 **Country**

**4. FEI Number** 65-1023613  
 Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

**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** \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

100004336751--4  
 -05/31/01--01091--006  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS / MEMBERS**

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KIM MEIER	
STREET ADDRESS	3837 MONONA DRIVE	
CITY-ST-ZIP	MADISON, WI	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PAUL IVERSON	
STREET ADDRESS	416 S.W. 45TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Kim Meier **4-30-01** **941-945-6200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)