

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007647

1. Entity Name

FLORIDA ASSOCIATION OF MORTGAGE BROKERS FOUNDATI

Principal Place of Business

Mailing Address

1292 CEDAR CENTER DR.
TALLAHASSEE FL 32314

P.O. BOX 6477
TALLAHASSEE FL 32314-6477

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

59-3616963

Applied For

Not Applied For

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

WORDELL-SMITH, KAREN J
1292 CEDAR CENTER DR.
TALLAHASSEE FL 32314

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CICIONE, FRANK
STREET ADDRESS 1292 CEDAR CENTER DR.
CITY-ST-ZIP TALLAHASSEE FL 32314

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

TITLE D ☐ Delete
NAME WORDELL-SMITH, KAREN J
STREET ADDRESS 1292 CEDAR CENTER DR.
CITY-ST-ZIP TALLAHASSEE FL 32314

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

TITLE D ☐ Delete
NAME SPEARMAN, MARY
STREET ADDRESS 1292 CEDAR CENTER DR.
CITY-ST-ZIP TALLAHASSEE FL 32314

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

TITLE D ☐ Delete
NAME GIBSON, HARRY
STREET ADDRESS 1292 CEDAR CENTER DR.
CITY-ST-ZIP TALLAHASSEE FL 32314

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN J. WORDELL-SMITH Karen J. Wardell-Smith 2/17/2000 942-64
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90072 047 ****70.00

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DO NOT WRITE IN THIS SPACE