

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000018627**

1. Entity Name  
**MORTGAGE AUTHORITY, INC.**

Principal Place of Business  
 729 SE FEDERAL HWY  
 SUITE 210  
 STUART FL 34994

Mailing Address  
 2149 SW OLYMPIC CLUB TER.  
 PALM CITY FL 34990

2. Principal Place of Business  
 729 SE FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.  
 SUITE 212

Suite, Apt. #, etc.

City & State  
 STUART FL

City & State

4. FEI Number  
**65-0394486**

Applied For  
 Not Applicable

Zip Country  
 34994

Zip Country

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

DO NOT WRITE IN THIS SPACE

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

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

**POPE CHARLES H**  
 2149 SW OLYMPIC CLUB TERRACE  
 PALM CITY FL 34990  
 US

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 **02/04/2001**  
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, 2001 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**

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

TITLE  
 NAME **POPE KIMBERLY T**  Delete  
 STREET ADDRESS **2149 S.W. OLYMPIC CLUB TERRACE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  
 NAME **POPE KIMBERLY T**  Change  Addition  
 STREET ADDRESS **2149 S.W. OLYMPIC CLUB TERRACE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  
 NAME **POPE CHARLES H**  Delete  
 STREET ADDRESS **2149 S.W. OLYMPIC CLUB TERRACE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  
 NAME **POPE CHARLES H**  Change  Addition  
 STREET ADDRESS **2149 S.W. OLYMPIC CLUB TERRACE**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
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TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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:** Charles H. Pope **Pres** 02/04/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)