

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90187 025 \*\*\*150.00

**DOCUMENT # P96000090402**  
 1. Entity Name  
**FIRST CAPITAL HOME MORTGAGE, INC.**

Principal Place of Business 1024 EAST SILVER SPRINGS BLVD. OCALA FL 34470	Mailing Address 1024 EAST SILVER SPRINGS BLVD. OCALA FL 34470-6706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1701 E. SILVER SPRINGS BLVD. Suite, Apt. #, etc.	3. Mailing Address 1701 E. SILVER SPRINGS BLVD. Suite, Apt. #, etc.
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City & State OCALA FL	City & State OCALA FL
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4. FEI Number 59-3458298	Applied For <input type="checkbox"/> Not Applicable
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Zip 34470	Country	Zip 34470	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRUBBS, RUSSELL E  
 1024 EAST SILVER SPRINGS BLVD.  
 Ocala FL 34470

7. Name and Address of New Registered Agent

Name: RUSSELL E. GRUBBS  
 Street Address (P.O. Box Number is Not Acceptable): 1701 E. SILVER SPRINGS BLVD.  
 City: Ocala FL Zip Code: 34470

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: RUSSELL GRUBBS, PRES. DATE: 08/31/00

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, RUSSELL E 1024 EAST SILVER SPRINGS BLVD. OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RUSSELL GRUBBS, PRES. DATE: 08/31/00 352-732-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)