## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## **FILED** DOCUMENT # P96000090402 Apr 03, 2000 8:00 am Secretary of State FIRST CAPITAL HOME MORTGAGE, INC. 04-03-2000 90187 025 \*\*\*150.00 Principal Place of Business Mailing Address 1024 EAST SILVER SPRINGS BLVD. 1024 EAST SILVER SPRINGS BLVD. OCALA FL 34470-6706 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address 1701 E. SILVELLED 1701 E. SIL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3458298 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRUBBS, RUSSELL E Number is Not Accep 1024 EAST SILVER SPRINGS BLVD. OCALA FL 34470 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE GRUBBS, RUSSELL E NAME STREET ADDRESS 1024 EAST SILVER SPRINGS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34470 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 require for triesdet mpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if