

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034464

1. Entity Name

NATIONAL LENDING CENTER, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90030 048 \*\*\*150.00

Principal Place of Business

700 WEST HILLSBORO BLVD.  
BLDG. 1, SUITE 204  
DEERFIELD BEACH FL 33441

Mailing Address

5901 EAST FOWLER AVENUE  
BLDG. 1, SUITE 204  
TAMPA FL 33617-2362  
US

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

65-0744401

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	<input type="checkbox"/> Delete
	PC			
	HENSCHEL NEAL	700 W HILLSBORO BLVD, BLDG 1, STE 204	DEERFIELD BEACH FL 33441	
	V			<input checked="" type="checkbox"/> Delete
	MIDDLETON, THOMAS G	5901 EAST FOWLER AVENUE	TAMPA FL 33617-2362	
	VCAO			<input type="checkbox"/> Delete
	HENSCHEL, JEFFREY M	700 W HILLSBORO BLVD, BLDG 1, STE 204	DEERFIELD BEACH FL 33441	
	VD			<input type="checkbox"/> Delete
	NICHOLAS, GEORGE	5901 EAST FOWLER AVENUE	TAMPA FL 33617-2362	
	VS			<input checked="" type="checkbox"/> Delete
	WILLIAMS, LAURIE S	5901 EAST FOWLER AVENUE	TAMPA FL 33617-2362	
	VCFO			<input type="checkbox"/> Delete
	NAHMAN, KENNETH	700 W HILLSBORO BLVD, BLDG 1, STE 204	DEERFIELD BEACH FL 33441	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Vice President			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Scott Taylor	700 West Hillsboro Blvd., Ste. 204	Deerfield Beach, FL 33441	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Vice President			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Dennis J. Pitocco	5901 East Fowler Avenue	Tampa, FL 33617	
				<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:

*Scott Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Taylor, Vice President

4/13/00  
Date

954-420-0060

Daytime Phone #

CR2E034 (9/99)