

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701167

1. Entity Name

FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301
US

Mailing Address

PO 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

23-7306295

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WORDELL-SMITH, KAREN J
1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TD	SPEARMAN, MARY	687 BEVILLE ROAD #C	SOUTH DAYTONA FL 32119	☐
VPD	GIBSON, HARRY	2281 LEE RD #102	WINTER PARK FL 32789	☐
PPD	MICHAEL BRADY	1265 WHITFIELD AVE.	SARASOTA FL	☐
PED	CICIONE, FRANK	1700 N.W. 66 AVENUE #102	PLANTATION FL 33317	☐
ED	WORDELL-SMITH, KAREN J	1292 CEDAR CENTER DRIVE	TALLAHASSEE FL 32301	☐
PD	HANLEY, SUSAN	8160 BAYMEADOWS WAY WEST #130	JACKSONVILLE FL	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2000 (850) 942-6411

CR2E037 (9/99)