

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 173555

1. Entity Name

MCCAUGHAN MORTGAGE COMPANY, INC.

Principal Place of Business

1320 S DIXIE HWY STE 950
P O BOX 141429
CORAL GABLES FL 33114-8429

Mailing Address

1320 S DIXIE HWY STE 950
P O BOX 141429
CORAL GABLES FL 33114-8429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCCAUGHAN, JAMES W
1320 S DIXIE HWY #950
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	VAN HOFF, ROGER EX	
STREET ADDRESS	6280 SW 68TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCAUGHAN, JAMES W	
STREET ADDRESS	881 OCEAN DR 18-A	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	MCCAUGHAN, JR. J	
STREET ADDRESS	6120 DEER RUN, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCCAUGHAN, EILEEN P	
STREET ADDRESS	881 OCEAN DR 18-A	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

ROGER VAN HOFF EX-EC. U.P.

118/01

395-665-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90073 006 ***158.75

C0004696



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0701313

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (10/00)

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