

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90097 040 ***150.00

DOCUMENT # 188528

1. Entity Name

LIST MORTGAGE COMPANY

Principal Place of Business

Mailing Address

138 NORTH COUNTY ROAD
 PALM BEACH FL 33480
 US

138 NORTH COUNTY ROAD
 PALM BEACH FL 33480-3917
 US

2. Principal Place of Business

3. Mailing Address

223 Sunset Ave.

Suite, Apt. #, etc.

Suite 110

City & State
Palm Beach, FL

Zip
33480

Country

USA

City & State
Palm Beach, FL

Zip
33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1517026

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

LIST, ROBERT E
138 NORTH COUNTY ROAD
PALM BEACH FL 33400

Name

Robert E. List

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

223 Sunset Ave., Suite 110

City

Palm Beach

FL

Zip Code

33480

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/00

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
DSC
LIST, ROBERT E
218 TANGIER AVE.
PALM BEACH, FL 00000

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
LIST, MARTIN A.
2211 EMBASSY DRIVE
WEST PALM BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

DATE

561-655-7150

Daytime Phone #

CR2E034 (9/99)