

2000 UNIFORM BUSINESS REPORT (UBR)

0667876

DOCUMENT# 379811

1. Entity Name

U. S. HOME MORTGAGE CORPORATION

FILED

00 MAR 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10707 CLAY RD
HOUSTON TX 77041
US

P.O. BOX 2863
HOUSTON TX 77252-2863
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

59-1359094

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

CT CORPORATION SYSTEM
1200 S. 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	DP	<input type="checkbox"/> Delete
NAME	PETTY, JAMES R.	
STREET ADDRESS	311 PARK PLACE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, RONALD C.	
STREET ADDRESS	311 PARK PLACE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	FRUEH, GARY L.	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	LANE, STEVEN E.	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	SADOWSKI, CHESTER P.	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	NAPOLI, THOMAS A.	
STREET ADDRESS	10707 CLAY RD	
CITY-ST-ZIP	HOUSTON TX 77041	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003193228--0	
STREET ADDRESS	-04/03/00--01091--006	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	D,VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary M. Hargreaves	
STREET ADDRESS	311 Park Place Blvd.	
CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	D,VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia S. Casagrande	
STREET ADDRESS	311 Park Place Blvd.	
CITY-ST-ZIP	Clearwater, FL 34619	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Steven E. Lane

3/14/00

713/877-2425

Date

Daytime Phone #

CR2E034 (9/99)

KE