

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408187

1. Entity Name

CHASE HOME MORTGAGE CORPORATION OF THE SOUTHEAST

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90052 007 ***150.00

Principal Place of Business	Mailing Address
4915 INDEPENDENCE PARKWAY TAMPA FL 33634-4540	343 THORNALL STREET C/O LEGAL DEPARTMENT EDISON NJ 08837-2206 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1413442	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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	DT	<input type="checkbox"/> Delete
NAME	MOURIDY, GLENN	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEEHAN, MARGUERITE	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLHAGEN, WILLIAM C	
STREET ADDRESS	343 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, SAMUEL H.	
STREET ADDRESS	300 TICE BLVD 3RD FL N	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAUFURD, SUSAN	
STREET ADDRESS	4915 INDEPENDENCE PKWY	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HALL, DEANE W.	
STREET ADDRESS	6900 SOUTHPOINT DR N	
CITY-ST-ZIP	JACKSONVILLE FL	

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	
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 line empowered.

SIGNATURE:

Lori S. Rubin
LORI S. RUBIN-VICE PRESIDENT

3-20-00

732 205-0758

Date

Daytime Phone #

CR2E034 (9/99)