

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581176

1. Entity Name

PREMIER MORTGAGE OF CENTRAL FLORIDA, INC.

Principal Place of Business

720 SEBRING SQ 1843 US Hwy 27N
SEBRING FL 33870 -1961
US

Mailing Address

720 SEBRING SQ 1843 US Hwy 27N
SEBRING FL 33870-1961
US

2. Principal Place of Business

1843 US Hwy 27N

Suite, Apt. #, etc.

3. Mailing Address

1843 US Hwy 27N

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Sebring FL

Zip

33870-1961

Country

US

Zip

33870-1961

Country

US

4. FEI Number

59-1839551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, JANET Janie
3509 BRISTOL ST
SEBRING FL 33872

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMMINGS, JANIE L
STREET ADDRESS 3509 BRISTOL ST
CITY-ST-ZIP SEBRING FL 33872

☐ Delete

TITLE V
NAME CHAPMAN, BRADLEY M
STREET ADDRESS 701 VILLAGE LAKE TERRACE N #101A
CITY-ST-ZIP ST PETERSBURG FL 33710

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

253 Cumquat Rd NW
Lake Placid FL 33852

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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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:

Janie L Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

(863) 385-0057

Daytime Phone #

CR2E034 (9/99)