

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622763

1. Entity Name

FAMILY FIRST MORTGAGE CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90109 042 ***150.00

Principal Place of Business	Mailing Address
435 S RIDGEWOOD AVE #101 DAYTONA BCH FL 32114 US	435 S RIDGEWOOD AVE #101 DAYTONA BCH FL 32114-4927 US

2. Principal Place of Business	3. Mailing Address
3501 NE 10 th Street	3501 NE 10 th Street
Suite, Apt. #, etc. Suite 212	Suite, Apt. #, etc. Suite 212
City & State Ocala, FL	City & State Ocala, FL
Zip 34470	Zip 34470
Country MARION	Country MARION



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1980977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
HILL, EDWIN L. 30 INLET HARBOR RD #503 DAYTONA BCH FL 32114	
7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) 30 Inlet Harbor Road Apt 503 City Ponce Inlet FL Zip Code 32127	

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 Edwin L. Hill DATE 4/28/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILL, EDWIN L. 30 INLET HARBOR RD #503 DAYTONA BEACH FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Edwin L. Hill 30 Inlet Harbor Road Apt 503 Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS HILL, GREGORY L. 903 NORWOOD LANE APEX NC 27502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS Gregory L. Hill 1002 Santa Rosa Dr Apex, NC 27502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILL, BRUCE E. 1195 WATAUGA RIVER RD SUGAR GROVE NC 28679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, POLLY S 903 NORWOOD LANE APEX NC 27502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Polly S. Hill 1002 Santa Rosa Dr Apex, NC 27502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNAGAN, LEANNE 3447 ROBINHOOD RD WINSTON SALEM NC 27106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Glenn M. Hill 3610 SW 25 th PLACE Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP STINE, ALLEN E 3312 W UNIVERSITY AVE GAINESVILLE FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Gregory L. Hill DATE 4/28/00 DAYTIME PHONE # 919.468-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)