FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am DOCUMENT # 622763 **Secretary of State** 1. Entity Name 07-10-2001 90007 047 ***558.75 FAMILY FIRST MORTGAGE CORP. Principal Place of Business Mailing Address 3501 NE 10TH STREET 3501 NE 10TH STREET STE 212 STE 212 OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address Suita; Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1980977 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL: EDWIN L. Street Address (P.O. Box Number is Not Acceptable) 30 INLET HARBOR RD #503 DAYTONA BCH FL 32114 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HILL EDWIN L. NAME STREET ADDRESS 30 INLET HARBOR RD #503 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32127 CITY-ST-ZIP SVS TITLE ☐ Delete TITLE Change ☐ Addition Gregory L. Hill 1002 Santa Rosa Da HILL GREGORY L. NAME NAME STREET ADDRESS 903 NORWOOD LANE STREET ADDRESS CITY-ST-ZIP **APEX NC 27502** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HILL. BRUCE E. NAME NAME STREET ADDRESS 1195 WATAUGA RIVER RD STREET ADDRESS CITY-ST-7IP SUGAR GROVE NC 28679 CITY-ST-ZIP TITLE TITI F . 🔲 Delete Change ☐ Addition Polly S. Hill 1002 Santa Rosa Dr. Apex, NC 27502 NAME HILL, POLLY S NAME STREET ADDRESS 903 NORWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **APEX NC 27502** TITLE Delete TITLE ☐ Change ☐ Addition DUNAGAN, LEANNE NAME NAME STREET ADDRESS 3447 ROBINHOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINSTON SALEM NC 27106 AVP TITLE Delete TITLE ☐ Change ☐ Addition NAME STINE, ALLEN E NAME STREET ADDRESS 3312 W UNIVERSITY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607

changed, or on an attachment with an address, with another the empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date of the property o

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