

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90135 038 \*\*\*550.00

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**DOCUMENT # 622763**

1. Entity Name

**FAMILY FIRST MORTGAGE CORP.**



Principal Place of Business

**2801 SW COLLEGE ROAD  
SUITE 5  
OCALA FL 34474  
US**

Mailing Address

**2801 SW COLLEGE ROAD  
SUITE 5  
OCALA FL 34474  
US**



2. Principal Place of Business

**33 Old Kings Road N**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Palm Coast Florida**

Zip

**32137**

Country

**USA**

3. Mailing Address

**33 Old Kings Road N**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Palm Coast Florida**

Zip

**32137**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1980977**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HILL, EDWIN L VICE PR  
30 INLET HARBOR RD  
APT 503  
PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

Name **GREGORY L. HILL**  
Street Address (P.O. Box Number is Not Acceptable)  
**33 OLD KINGS ROAD N  
SUITE #1**  
City **PALM COAST FL 32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**July 24 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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	PT HILL, GREGORY L. 1200 CELANDINE DRIVE APEX NC 27502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, BRUCE E. 1195 WATAUGA RIVER RD SUGAR GROVE NC 28879	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, POLLY S 1200 CELANDINE DRIVE APEX NC 27502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JENSEN, SHERYL 104 ARBOR WAY, APT 2-D CARY NC 27502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HILL, GLENN M 3610 SW 25TH PLACE OCALA FL 34474	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	915 MILL ROAD LANE PORT ORANGE FLORIDA 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 East Lake Drive Palm Coast Florida 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	291 East Rivers Edge Foscoe NC 28607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 East Lake Drive Palm Coast Florida 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 Arbor Way, Apt. 2-D Cary NC 27513	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 Cedar Point Drive Palm Coast Florida 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULY 24 2003 (386) 246 6955**

Date

Daytime Phone #

CR2E034 (4/03)