

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90248 001 ***300.00

DOCUMENT # 654911

1. Entity Name

SENTINEL MORTGAGE COMPANY

Principal Place of Business

Mailing Address

1819 MAIN ST
~~STE 300~~
 SARASOTA FL 34236
 US

1819 MAIN ST
~~STE 300~~
 SARASOTA FL 34236-5926
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 301

Ste 301

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1969111

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, JOHN M.
889 N. WASHINGTON BLVD
SARASOTA FL 34236

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	PTD	<input type="checkbox"/> Delete
NAME	WITTIG, THEODORE K	
STREET ADDRESS	3994 HAMILTON CLUB CR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	WILF, LINDA G	
STREET ADDRESS	2828 SUNCREST DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ILTIS, J.S.	
STREET ADDRESS	4057 ESCONDITO CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABADJIAN, SANDRA	
STREET ADDRESS	726 32ND ST E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARER, FLORENCE	
STREET ADDRESS	3711 LAKEWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*707 S. Gulfstream Ave
 Sarasota FL 34236*

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: *Linda G. Wilf*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
 Date

941-365-5626
 Daytime Phone #

CR2E034 (9/99)