

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654911

1. Entity Name

SENTINEL MORTGAGE COMPANY

Principal Place of Business

1819 MAIN ST  
STE 301  
SARASOTA FL 34236  
US

Mailing Address

1819 MAIN ST  
STE 301  
SARASOTA FL 34236  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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, 2002 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

TITLE PTD  
NAME WITTIG, THEODORE K  
STREET ADDRESS 3994 HAMILTON CLUB CR  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE EVP  
NAME WILF, LINDA G  
STREET ADDRESS 2828 SUNCREST DR  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE SVP  
NAME ILTIS, J S  
STREET ADDRESS 4057 ESCONDITO CIRCLE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE VP  
NAME ABADIJIAN, SANDRA  
STREET ADDRESS 707 S GULFSTREAM AVE  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE AS  
NAME MARER, FLORENCE  
STREET ADDRESS 3711 LAKEWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 6540 Wild Orchid LN  
CITY-ST-ZIP SARASOTA FL 34241 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34239 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34232 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34232 ☒ Change ☐ Addition

TITLE  
NAME  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90224 033 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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