

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673726

1. Entity Name

CENTRAL MORTGAGE AND HOUSING CORPORATION

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90010 002 ***150.00

Principal Place of Business	Mailing Address
1300 3RD STR SO STE 302A NAPLES FL 33940-7239 US	1300 3RD STR SO STE 302A NAPLES FL 34101-9047 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
184 CARIBBEAN RD.	P.O. Box 9647
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
NAPLES FL	NAPLES FL
Zip	Zip
34108	34101
Country	Country
USA	USA

4. FEI Number	Applied For
59-2022935	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
BURCH, PAUL M 1300 3RD ST. S. STE. #302-A NAPLES FL 33940-7239

7. Name and Address of New Registered Agent
Name: BURCH, Paul M. Street Address (P.O. Box Numbers Not Acceptable): 184 CARIBBEAN RD. City: NAPLES FL Zip Code: 34108

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

4/17/2000

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	BURCH, AGNES N	
STREET ADDRESS	1300 3RD STR SO STE 302A	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURCH, MASON M	
STREET ADDRESS	1300 3RD STR SO STE 302A	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURCH, PAUL M	
STREET ADDRESS	1300 3RD STR SO STE 302A	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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

4/17/2000

Date

941 591 2228

Daytime Phone #

CR2E034 (9/99)