

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694875

1. Entity Name
HOMEOWNERS MORTGAGE CORPORATION II

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90082 012 ***158.75

Principal Place of Business
11301 N. 56TH STREET
SUITE 12
TEMPLE TERRACE FL 33617

Mailing Address
11301 N. 56TH STREET
SUITE 12
TEMPLE TERRACE FL 33617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11401 N. 56th St.
Suite, Apt. #, etc.
Suite 20
City & State
Temple Terrace, Fla. 33617
Zip
33617
Country
Hillsborough

3. Mailing Address
11401 N. 56th St.
Suite, Apt. #, etc.
Suite 20
City & State
Temple Terrace, Fla. 33617
Zip
33617
Country
Hillsborough

4. FEI Number 59-3113476
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANLEY, ROBERT G
11301 N. 56TH STREET
SUITE 12
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent
Name
ROBERT G. DANLEY
Street Address (P.O. Box Number is Not Acceptable)
11401 N. 56th St. Suite 20
City
Temple Terrace FL Zip Code
33617

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 *Robert G. Danley*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-29-01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	DANLEY, ROBERT G.	
STREET ADDRESS	11301 N. 56TH STREET	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DANLEY, ROBERT G.	
STREET ADDRESS	11301 N. 56TH STREET	
CITY-ST-ZIP	TEMPLE TERRACE 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11401 N. 56th St. Suite 20	
CITY-ST-ZIP	Temple Terrace, Fla. 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11401 N. 56th St. Suite 20	
CITY-ST-ZIP	Temple Terrace, Fla. 33617	
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: *Robert G. Danley Pres.* ROBERT G. DANLEY Pres. 1-29-01 813-985-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)