

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90585 029 \*\*\*\*61.42

**DOCUMENT # 727253**

1. Entity Name

**NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.** ✓

Principal Place of Business

8201 GREENSBORO DR.  
SUITE 300  
MCLEAN VA 22102  
US

Mailing Address

8201 GREENSBORO DR.  
SUITE 300  
MCLEAN VA 22102  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1673989**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ENRIGHT, JAMES	
STREET ADDRESS	4705 UNIVERSITY DRIVE, #290	
CITY-ST-ZIP	DURHAM NC 27707	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, TUCK	
STREET ADDRESS	7601 W 171 ST, 2ND FLOOR WEST	
CITY-ST-ZIP	TINLEY IL 30328	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	HINDMAN, MICHAEL	
STREET ADDRESS	5599 SAN FELIPE ST. #1208	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOSE, ANN	
STREET ADDRESS	20501 VENTURA BLVD., SUITE 200	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FENDLY, NEIL CMC	
STREET ADDRESS	3550 N. CENTRAL, #1205	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	EVPD	<input checked="" type="checkbox"/> Delete
NAME	KINSELLA, BRIAN J	
STREET ADDRESS	8201 GREENSBORO DR., #300	
CITY-ST-ZIP	MCLEAN VA 22102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

*See Attached*

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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. G. Galt*

Date

Daytime Phone #

CR2E037 (10/00)



National Association of Mortgage Brokers

Doc # 727253  
29488  
[Redacted]

## 2000/2001 BOARD OF DIRECTORS

### **President**

Neill Fendly, CMC  
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### **Secretary**

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29488

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