

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840391

1. Entity Name

WATERFIELD MORTGAGE COMPANY, INCORPORATED

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90408 035 \*\*\*150.00

Principal Place of Business Mailing Address  
 ATTN: JANE KERNS ATTN: JANE KERNS  
 7500 WEST JEFFERSON BOULEVARD 7500 WEST JEFFERSON BOULEVARD  
 FORT WAYNE IN 46804-4132 FORT WAYNE IN 46804-4131  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 35-0742323 Applied For Not Applicable

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

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

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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNLAP, MICHAEL J.		NAME		
STREET ADDRESS	7500 W JEFFERSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAPMAN, HOWARD		NAME		
STREET ADDRESS	215 EAST BERRY STREET		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	Director/Vice Chairman of the Board <input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERFIELD, RICHARD D		NAME		
STREET ADDRESS	7500 W JEFFERSON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Chairman of the Board/President <input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, DONALD A.		NAME		
STREET ADDRESS	7500 W JEFFERSON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, THOMAS M		NAME		
STREET ADDRESS	7500 W JEFFERSON BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALDMAN, MICHAEL W		NAME		
STREET ADDRESS	7500 W JEFFERSON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT WAYNE IN		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: Michael J. Dunlap Michael J. Dunlap 04/19/00 219/434-8270  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)