

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90162 017 ***150.00

DOCUMENT # 840391

1. Entity Name

WATERFIELD MORTGAGE COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

ATTN: JANE KERNS
 7500 WEST JEFFERSON BOULEVARD
 FORT WAYNE IN 46804-4132
 US

ATTN: JANE KERNS
 7500 WEST JEFFERSON BOULEVARD
 FORT WAYNE IN 46804-4132
 US

2. Principal Place of Business

7500 WEST JEFFERSON BLVD.

3. Mailing Address

7500 WEST JEFFERSON BLVD.

Suite, Apt. #, etc.

ATTN: ANGELA THOMPSON

Suite, Apt. #, etc.

ATTN: ANGELA THOMPSON

City & State

FORT WAYNE, IN

City & State

FORT WAYNE, IN

Zip

46804

Country

USA

Zip

46804

Country

USA

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

7. Name and Address of New Registered Agent

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNLAP, MICHAEL J. 7500 W JEFFERSON BLVD FT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, HOWARD 215 EAST BERRY STREET FT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WATERFIELD, RICHARD D 7500 W JEFFERSON BLVD. FT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHERMAN, DONALD A. 7500 W JEFFERSON BLVD. FT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, THOMAS M 7500 W JEFFERSON BLVD FT WAYNE IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WALDMAN, MICHAEL W 7500 W JEFFERSON BLVD. FT WAYNE IN	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Dunlap*

MICHAEL J. DUNLAP

1/16/01

219-434-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)