

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848771

1. Entity Name

FLEET MORTGAGE CORP.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90080 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1333 MAIN ST. STE 700  
COLUMBIA SC 29201

P O BOX 11988  
COLUMBIA SC 29211-1988  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0546906

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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, 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 PD ☐ Delete  
NAME TORKE, MICHAEL J.  
STREET ADDRESS 1333 MAIN STREET  
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO ☐ Delete  
NAME NARYKA, WILLIAM B  
STREET ADDRESS 1333 MAIN ST  
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVPD ☒ Delete  
NAME FLANIG, RICHARD  
STREET ADDRESS 1333 MAIN STREET  
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Change ☐ Addition  
NAME E.V.P.  
STREET ADDRESS E. Patrick Cutter  
CITY-ST-ZIP 1333 Main street  
Columbia SC 29201

TITLE VPAS ☐ Delete  
NAME SHIELDS, RANDAL D.  
STREET ADDRESS 1333 MAIN STREET  
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VO ☐ Delete  
NAME SPERLING, DONNA P  
STREET ADDRESS 1333 MAIN ST  
CITY-ST-ZIP COLUMBIA SC

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME PHILLIPS, JOHN  
STREET ADDRESS 104 WATSON WAY  
CITY-ST-ZIP COLUMBIA SC

TITLE ☐ Change ☒ Addition  
NAME Treas  
STREET ADDRESS Michele M. Studer  
CITY-ST-ZIP 1333 Main street  
Columbia SC 29201

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:

*Donna P. Sperling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice President*

*3/15/00*  
Date

*803-929-7841*  
Daytime Phone #

CR2E034 (9/99)