

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **A96000000376**

00 JUL 10 AM 9:25

1. Entity Name  
**HUNTERS RUN MORTGAGE GROUP LTD.**

Principal Place of Business  
101 WESTLAKE DRIVE  
BOYNTON BEACH FL 33436

Mailing Address  
101 WESTLAKE DRIVE  
BOYNTON BEACH FL 33436-6075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0672181**

Applied For  
Not Applicable

Zip Country

Zip Country

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

~~KORN, GARY-A~~  
20803 BISCAYNE BLVD., SUITE 200  
AVENTURA FL 33180

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000091562**  
NAME **HOME DEVELOPMENT CORP. OF SOUTH FLORIDA I**  
STREET ADDRESS **101 WESTLAKE DRIVE**  
CITY - ST - ZIP **BOYNTON BEACH FL 33436**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS **800003327178--6**  
CITY - ST - ZIP **-07/19/00--01015--008**  
**\*\*\*\*926.25 \*\*\*\*926.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Stephen T. Kacocha, VP/Controller**

Date **6-22-00** Daytime Phone # **361 364-9664**