

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001926

1. Entity Name

MORTGAGE INVESTMENT GROUP 15, LTD.

*Nemo*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020-5011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0783012

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

BIRDMAN, HARVEY  
307 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020

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. Capital Contributions as Shown on record.

\$1,700,000.00

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

13. ADDRESS CHANGES ONLY

|                 |                                |
|-----------------|--------------------------------|
| DOCUMENT #      | P93000067576                   |
| NAME            | VACATION INVESTMENT PLAN, INC. |
| STREET ADDRESS  | 307 SOUTH 21ST AVENUE          |
| CITY - ST - ZIP | HOLLYWOOD FL 33020             |
| DOCUMENT #      |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| DOCUMENT #      |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| DOCUMENT #      |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| DOCUMENT #      |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

|                 |                       |
|-----------------|-----------------------|
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| STREET ADDRESS  | 8000003293058--0      |
| CITY - ST - ZIP | 06/15/00--01158 023   |
| STREET ADDRESS  | ****526.25 ****526.25 |
| CITY - ST - ZIP |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

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 RECORDED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)