

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019205 MB

DOCUMENT # B02000000290

1. Entity Name

HOMEPRIDE NATIONAL MORTGAGE, LP

HOMEPRIDE MORTGAGE, LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 26 AM 11:18

Principal Place of Business
4490 HOLLAND OFFICE PARK, SUITE 100C
VIRGINIA BEACH VA 23452

Mailing Address
4490 HOLLAND OFFICE PARK, SUITE 100C
VIRGINIA BEACH VA 23452



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

75-3071565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions

in FLORIDA to date. \$250,000

11. MAKE CHECK PAYABLE TO FL. 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 # F98000002461
NAME NATIONAL CITY MORTGAGE CO.
STREET ADDRESS 3232 NEWMARK DRIVE
CITY-ST-ZIP MIAMISBURG OH 45342

STREET ADDRESS

CITY-ST-ZIP

800017996108
08/26/03--01050--001 **437.50

DOCUMENT # F02000004433
NAME HP NATIONAL MORTGAGE HOLDINGS, INC.
STREET ADDRESS 2701 CAMBRIDGE COURT, SUITE 300
CITY-ST-ZIP AUBURN HILLS MI 48326

STREET ADDRESS

CITY-ST-ZIP

800017996108
05/05/03--01005--010 **98.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

John D. Walter

SIGNATURE: *John D. Walter* **MANAGING MEMBER**

DATE 4/30/03

937-910-4373

937-910-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE