

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0621334

05-02-2001 90041 041 \*\*\*150.00

**DOCUMENT # F00000001874**

1. Entity Name

**ARISTAR MORTGAGE COMPANY**

Principal Place of Business

Mailing Address

**8900 GRAND OAK CIRCLE  
 TAMPA FL 33637-1050**

**8900 GRAND OAK CIRCLE  
 TAMPA FL 33637-1050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-0607106**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

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

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	Change	Addition
PD	SHIGLEY, HENRY F	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input type="checkbox"/>	<input type="checkbox"/>
VSD	GARNER, HENRY F	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input type="checkbox"/>	<input type="checkbox"/>
VD	WHITING, GARY E	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input type="checkbox"/>	<input type="checkbox"/>
VCFO	GOODEVE, PHILIP	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	ROWLES, SEAN	8900 GRAND OAK CIRCLE	TAMPA FL 33637-1050	<input type="checkbox"/>	<input type="checkbox"/>
V	VARDO, JOHN J	23861 EL TORO ROAD, 5TH FLOOR	LAKE FOREST CA 92630	<input type="checkbox"/>	<input type="checkbox"/>
VCFO	RICHARD M. LEVY	8900 GRAND OAK CIRCLE	TAMPA, FL 33637	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Beverly Thurston* BEVERLY THURSTON

Date

4/27/01

Daytime Phone #

(813)632-4500

CFR2E034 (10/00)