

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90308 033 \*\*\*150.00

619318



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F00000003247**

1. Entity Name

**JERSEY MORTGAGE COMPANY OF NEW JERSEY, INC.**

Principal Place of Business

Mailing Address

20 COMMERCE DRIVE  
 CRANFORD NJ 07016

20 COMMERCE DRIVE  
 CRANFORD NJ 07016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

City & State

City & State

4. FEI Number **22-2985976**

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

**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

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, 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	PCD	<input type="checkbox"/> Delete
NAME	VAN NOTE, EUGENE	
STREET ADDRESS	20 COMMERCE DRIVE	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, FRANK P	
STREET ADDRESS	20 COMMERCE DRIVE	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DOLORES	
STREET ADDRESS	20 COMMERCE DRIVE	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KENNY, PETER	
STREET ADDRESS	20 COMMERCE DRIVE	
CITY-ST-ZIP	CRANFORD NJ 07016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

908 276 2442

Daytime Phone #

CR2E034 (10/00)