

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005016

1. Entity Name  
U.S. TRUST MORTGAGE, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90008 038 \*\*\*150.00

Principal Place of Business  
210 25TH AVE N  
STE 1100  
NASHVILLE TN 37203

Mailing Address  
210 25TH AVE N  
STE 1100  
NASHVILLE TN 37203

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
2140 Buford Highway  
Suite 209  
City & State  
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1627636  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GLASS, J.D.  
9776 SAN JOSE BLVD  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent  
Name  
Martha Dandridge  
Street Address (P.O. Box Number is Not Acceptable)  
2432 Whippoorwill Lane  
City  
Orange Park FL Zip Code  
32073

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 *Martha Dandridge* Martha Dandridge 03-28-01  
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	CP	<input type="checkbox"/> Delete	TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MONTY		NAME	Monty Moore	
STREET ADDRESS	1120 OLD SHILOH RD		STREET ADDRESS	6409 Highway C	
CITY-ST-ZIP	GOODLETTSVILLE TN 37072		CITY-ST-ZIP	Sun Prairie, WI 53590	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, JO LYNN		NAME	Richard B. Kay, Jr.	
STREET ADDRESS	1120 OLD SHILOH RD		STREET ADDRESS	2140 Buford Highway, Suite 209	
CITY-ST-ZIP	GOODLETTSVILLE TN 37072		CITY-ST-ZIP	Buford, GA 30518	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ROGER		NAME		
STREET ADDRESS	110000 TITH AVE N		STREET ADDRESS		
CITY-ST-ZIP	NECEDAH WI 54646		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Monty Moore* Monty Moore 03-28-01 608-834-8687  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0665543

CR2E034 (10/00)