

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000006057

FILED  
Feb 07, 2003  
Secretary of State

Entity Name: GCB MORTGAGE, INC.

**Current Principal Place of Business:**

633 WASHINGTON AVE., STE. 201  
NEWPORT, KY 41071

**New Principal Place of Business:**

**Current Mailing Address:**

633 WASHINGTON AVE., STE. 201  
NEWPORT, KY 41071

**New Mailing Address:**

FEI Number: 01-0559892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COZZOCREA, DAVID P  
1400 METROPOLITAN BLVD., STE. 210  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: CALDERINI, KATHY  
Address: 633 WASHINGTON AVE., STE. 201  
City-St-Zip: NEWPORT, KY 41071

Title: VCVP ( ) Delete  
Name: BROWN, ROBERT C  
Address: 633 WASHINGTON AVE., STE. 201  
City-St-Zip: NEWPORT, KY 41071

Title: S ( ) Delete  
Name: BROWN, ROBERT C  
Address: 633 WASHINGTON AVE., STE. 201  
City-St-Zip: NEWPORT, KY 41071

Title: DEVP ( ) Delete  
Name: WILSON, JOHN J  
Address: 633 WASHINGTON AVE., STE. 201  
City-St-Zip: NEWPORT, KY 41071

Title: T ( ) Delete  
Name: WILSON, JOHN J  
Address: 633 WASHINGTON AVE., STE. 201  
City-St-Zip: NEWPORT, KY 41071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY CALDERINI

CP

02/07/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date