

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75501

1. Entity Name

BANKERS MORTGAGE EQUITY INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90082 046 ***150.00

Principal Place of Business

3936 BELLE OAK BLVD
LARGO FL 33771
US

Mailing Address

240 WINDWARD PASSAGE
UNIT 903
CLEARWATER FL 33767-2238
US

00041705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

912 DREW ST
SUITE 203

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

4. FEI Number

59-2373122

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33755

US

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

ASNER, LANNY
240 WINDWARD PASS., #903
CLEARWATER FL 33515

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, 2000 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 PD
NAME ASNER, LANNY
STREET ADDRESS 240 WINDWARD PASS., #903
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME ASNER, GWENDOLYN
STREET ADDRESS 240 WINDWARD PASS., #903
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ 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:

Lanny Asner, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00
Date

727-477-0717
Daytime Phone #

CR2E034 (9/99)