

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91545 025 ***150.00

DOCUMENT # F92000000645

1. Entity Name

MORTGAGE CAPITAL REALTY CORPORATION

Principal Place of Business

**427 SOUTH NEW YORK AVE.
WINTER PARK FL 32789**

Mailing Address

**427 SOUTH NEW YORK AVE.
WINTER PARK FL 32789**

2. Principal Place of Business

678 Lake Villas Dr.

3. Mailing Address

678 Lake Villas Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Altamonte Springs, Fl.

Altamonte Springs, Fl.

City & State

City & State

32701

32701

Zip

Zip

Country

Country

Seminole

Seminole

4. FEI Number

74-1749032

Applied For

Not Applicable

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

TAYLOR, FRED D

427 SOUTH NEW YORK AVE.

WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

678 Lake Villas Dr.

Altamonte Springs, Fl.

City

32701

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, 2002 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 | PD TAYLOR, FRED D 678 LAKE VILLAS DR ALTAMONTE SPRINGS FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TAYLOR, MARILYN C. 678 LAKE VILLAS DR ALTAMONTE SPRINGS FL | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 407-647-1771
Date Daytime Phone #

CR2E034 (9/01)