

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002779

1. Entity Name

TMS MORTGAGE INC.

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90067 013 \*\*\*150.00

Principal Place of Business

Mailing Address

707 3RD STREET  
WEST SACRAMENTO CA 95605

707 3RD STREET  
WEST SACRAMENTO CA 95605-2811

00001000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3217781

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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	DP	<input checked="" type="checkbox"/> Delete
NAME	TEMPLETON, WILLIAM	
STREET ADDRESS	707 3RD STREET	
CITY - ST - ZIP	WEST SACRAMENTO CA 95605	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	TURTLETAUB, MARC	
STREET ADDRESS	707 3RD STREET	
CITY - ST - ZIP	WEST SACRAMENTO CA 95605	
TITLE	DEVS	<input checked="" type="checkbox"/> Delete
NAME	DEAR, MORTON	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	TURTLETAUB, ALAN	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PUGLISI, HARRY	
STREET ADDRESS	707 3RD STREET	
CITY - ST - ZIP	WEST SACRAMENTO CA 95605	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BENSON, ROBERT	
STREET ADDRESS	707 3RD STREET	
CITY - ST - ZIP	WEST SACRAMENTO CA 95605	

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Maynor	
STREET ADDRESS	707 3rd Street	
CITY - ST - ZIP	West Sacramento, CA 95695	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry M. Miller Jr.	
STREET ADDRESS	301 South College Street	
CITY - ST - ZIP	West Sacramento, CA 95605	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Q. Lyon	
STREET ADDRESS	707 3rd Street	
CITY - ST - ZIP	West Sacramento, CA 95605	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Oddleifson	
STREET ADDRESS	1000 Louis Rose Place	
CITY - ST - ZIP	Charlotte, NC 95805	
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Hurwitz	
STREET ADDRESS	707 3rd Street	
CITY - ST - ZIP	West Sacramento, CA 95605	
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillipp T. Gerlach	
STREET ADDRESS	707 3rd Street	
CITY - ST - ZIP	West Sacramento, CA 95605	

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

Bruce Hurwitz  
Senior Vice President

2/4/00 (916) 617-2697

Date

Daytime Phone #

CR2E034 (9/99)