

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90020 011 \*\*\*150.00

0515697 AV

**DOCUMENT # F94000000686**

1. Entity Name

**USA MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

**218 N EAST AVE**  
**SARASOTA FL 34236**  
**US**

**218 N WASHINGTON**  
**SARASOTA FL 34236**  
**US**



2. Principal Place of Business

**218 N EAST**

3. Mailing Address

**PO BOX 49287**  
**SARASOTA FL 34230-8287**  
**U.S. MORTGAGE CORPORATION**  
**P.O. Box 49287**  
**Sarasota, FL 34230-8287**

DO NOT WRITE IN THIS SPACE

City & State

City & State

FBI Number

**36-3664810**

Applied For

Not Applicable

Zip

Country

Zip

**SARASOTA**

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

**KORSHAK, STEPHEN D**  
**2345 SAND LAKE ROAD**  
**SUITE 120**  
**ORLANDO FL 32809**

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, 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **EDELSTEIN, MICHAEL L**  
CITY-ST-ZIP **621 N WASHINGTON**  
**SARASOTA FL 34236**

TITLE ☒ Change ☐ Addition  
NAME **218 N EAST AVE**  
STREET ADDRESS **SARASOTA FL 34237**  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **STB**  
STREET ADDRESS **LEONARD, BERNARD M**  
CITY-ST-ZIP **7234 WEST NORTH AVENUE**  
**ELMWOOD PARK IL 60707**

TITLE ☒ Change ☐ Addition  
NAME **delete**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/4/02**

**941-952-808**

CR2E034 (9/01)