

# 2000 UNIFORM BUSINESS REPORT (UBR)

056889

DOCUMENT # F94000004865

1. Entity Name

EQUITY ONE MORTGAGE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:22

Principal Place of Business

Mailing Address

523 FELLOWSHIP ROAD SUITE 220  
MT. LAUREL NJ 08054

523 FELLOWSHIP ROAD SUITE 220  
MT. LAUREL NJ 08054-3414

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

22-3316998

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	PCEO	<input type="checkbox"/> Delete
NAME	WILLIAMS, CAMERON	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ 08054	
TITLE	V (EVP)	<input type="checkbox"/> Delete
NAME	MARTELLA, JOHN N	
STREET ADDRESS	523 FELLOWSHIP RD SUITE 220	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<del>MATTEUCCI, RAY L</del>	
STREET ADDRESS	<del>523 FELLOWSHIP RD SUITE 220</del>	
CITY-ST-ZIP	<del>MT LAUREL NJ</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>KILDEA, DENNIS</del>	
STREET ADDRESS	<del>523 FELLOWSHIP RD SUITE 220</del>	
CITY-ST-ZIP	<del>MT LAUREL NJ</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>CARRION, RICHARD</del>	
STREET ADDRESS	<del>209 MUNOZ RIVERIA AVE.</del>	
CITY-ST-ZIP	<del>HALTO REY PR 00949</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>CHAFEY, DAVID H JR.</del>	
STREET ADDRESS	<del>209 MUNOZ RIVERIA AVE.</del>	
CITY-ST-ZIP	<del>HALTO REY PR 00949</del>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. Burton Embry	
STREET ADDRESS	523 Fellowship Rd	
CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Jenkins	
STREET ADDRESS	523 Fellowship Road	
CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cameron E. Williams	
STREET ADDRESS	523 Fellowship Road	
CITY-ST-ZIP	Mt. Laurel, NJ 08054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Dunbar (AVP)

3/14/2000

(856) 802-3621

Date

Daytime Phone #

CR2E034 (9/99)