

# 2000 UNIFORM BUSINESS REPORT (UBR)

004933

DOCUMENT # F94000006370

1. Entity Name

MLCC MORTGAGE INVESTORS, INC.

APPROVED  
AND  
FILED

00 MAR -8 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4802 DEER LAKE DRIVE EAST  
LEGAL & COMPLIANCE  
JACKSONVILLE FL 32246-6484  
US

4802 DEER LAKE DRIVE EAST  
LEGAL & COMPLIANCE  
JACKSONVILLE FL 32246-6484  
US

2. Principal Place of Business

4802 Deer Lake Drive East

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3247986

Applied For

Not Applicable

Zip

32246-6484

Country

USA

Zip

Country

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

C T 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	CDP	<input type="checkbox"/> Delete
NAME	JOHNSTON, MICHAEL A	
STREET ADDRESS	4802 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246-6484	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	O'HANLON, KEVIN	
STREET ADDRESS	4802 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	DONLON, JOHN J	
STREET ADDRESS	4802 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246-6484	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWLES, RUSSELL C	
STREET ADDRESS	4802 DEER LAKE DR E	
CITY-ST-ZIP	JAX FL 32246-6484	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BROCKELMAN, ELIZABETH L	
STREET ADDRESS	4802 DEERLAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246-6484	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ERVIN, FRANCIS X. JR.	
STREET ADDRESS	4802 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003171525--8	
STREET ADDRESS	-03/15/00--01037--021	
CITY-ST-ZIP	****150.00 ****150.00	
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		<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		

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

March 6, 2000

Date

904-218-6064

Daytime Phone #

CR2E034 (9/99)