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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000298 (8)

1. Corporation Name  
UNITED HOME FUNDING, INC.



Principal Place of Business

416 SW 45TH ST  
CAPE CORAL FL 33914  
US

Mailing Address

416 SW 45TH ST.  
CAPE CORAL FL 33914-7530  
US

3. Date Incorporated or Qualified  
01/19/1995

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 6338 PRESIDENTIAL COURT

26 6338 PRESIDENTIAL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FT. MYERS, FL

28 FT. MYERS, FL

24 Zip 33919

Country USA

29 Zip 33919

Country USA

4. FEI Number  
39-1808470

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IVERSON, PAUL  
416 S.W. 45TH STREET  
CAPE CORAL FL 33914

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Paul O. Iverson*  
Signature typed in block 12 or 13, and name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME IVERSON, PAUL  
STREET ADDRESS 416 S.W. 45TH STREET  
CITY - ST - ZIP CAPE CORAL FL

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Paul O. Bjornlie  
1.3 STREET ADDRESS 12148 W. 168th Street  
1.4 CITY - ST - ZIP Lakeville, MN. 55044

TITLE SD ☐ DELETE  
NAME MEIER, KIM M  
STREET ADDRESS 3837 MONONA DRIVE  
CITY - ST - ZIP MADISON WI

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on an attachment with an address.

SIGNATURE: *Paul O. Iverson*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97 941-482-8686  
Date Daytime Phone #

CR2E034 (9/96)