

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000298

1. Entity Name
IDL MORTGAGE CORPORATION

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91600 006 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6388 PRESIDENTIAL CT
FT MYERS FL 33919
US

Mailing Address
6388 PRESIDENTIAL CT
FT MYERS FL 33919
US

2. Principal Place of Business
1205 CAPE CORAL PKWY.

3. Mailing Address
1205 CAPE CORAL PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number 39-1808470

Applied For
Not Applicable

Zip
33904

Country
U.S.A.

Zip
33904

Country
U.S.A.

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

IVERSON, PAUL
416 SW 45TH STREET
CAPE CORAL FL 33914

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
IVERSON, PAUL
416 S.W. 45TH STREET
CAPE CORAL FL ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MOSER, ARVE E
1838 REO FOX RD
EAGAN MN 55122 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROGG, BRUCE A
6309 LOCH MOOR DR
EDINA MN 55439 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHEPLEY, RICK L
1550 OAK AVENUE
ST. PAUL MN 55112 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Kim M Meier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-01 941-945-6200

CR2E034 (10/00)