

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003796

1. Entity Name

HOMEAMERICAN CREDIT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90110 032 ***150.00

Principal Place of Business Mailing Address
111 PRESIDENTIAL BOULEVARD, SUITE 215 111 PRESIDENTIAL BOULEVARD, SUITE 215
BALA CYNWYD PA 19004 BALA CYNWYD PA 19004-1004

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 982
Suite, Apt. #, etc.

City & State City & State
BALA CYNWYD, PA
Zip Country Zip Country
19004

4. FEI Number 23-2646780
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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DT	SANTILLI, ANTHONY J JR	111 PRESIDENTIAL BOULEVARD, SUITE 215	BALA CYNWYD PA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VGC	RUBEN, JEFFREY M	111 PRESIDENTIAL BOULEVARD, SUITE 215	BALA CYNWYD PA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SV	SANTILLI, BEVERLY	111 PRESIDENTIAL BOULEVARD, SUITE 215	BALA CYNWYD PA 19004	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	BLTYHE, JAMES	111 PRESIDENTIAL BLVD. STE. 215	BALA CYNWYD PA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	LEVIN, DAVID M	111 PRESIDENTIAL BLVD SUITE 215	BALA CYNWYD PA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1/10/00

610-617-5568