

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003796

1. Entity Name
HOMEAMERICAN CREDIT, INC.

Principal Place of Business
111 PRESIDENTIAL BOULEVARD, SUITE 215
BALA CYNWYD PA 19004

Mailing Address
PO BOX 982
BALA CYNWYD PA 19004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2646780

Applied For
Not Applicable

Zip

Country

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

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, 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 DT ☐ Delete
NAME SANTILLI, ANTHONY J JR
STREET ADDRESS 111 PRESIDENTIAL BOULEVARD, SUITE 215
CITY-ST-ZIP BALA CYNWYD PA

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

TITLE VGC ☐ Delete
NAME RUBEN, JEFFREY M
STREET ADDRESS 111 PRESIDENTIAL BOULEVARD, SUITE 215
CITY-ST-ZIP BALA CYNWYD PA

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

TITLE SV ☐ Delete
NAME SANTILLI, BEVERLY
STREET ADDRESS 111 PRESIDENTIAL BOULEVARD, SUITE 215
CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE P ☐ Delete
NAME BLYTHE, JAMES
STREET ADDRESS 111 PRESIDENTIAL BLVD. STE. 215
CITY-ST-ZIP BALA CYNWYD PA

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

TITLE V ☒ Delete
NAME LEVIN, DAVID M
STREET ADDRESS 111 PRESIDENTIAL BLVD SUITE 215
CITY-ST-ZIP BALA CYNWYD PA

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME AUNGST, RICHARD
STREET ADDRESS 111 PRESIDENTIAL BLVD STE 215
CITY-ST-ZIP BALA CYNWYD PA 19004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)