

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001172

1. Entity Name

NOVASTAR MORTGAGE, INC.

Principal Place of Business

1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

Mailing Address

1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1820743

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

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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

DP  
ANDERSON, W. LANCE  
1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
HARTMAN, SCOTT  
1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
KOHLRUS, MARK J  
1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPT  
SCHWATKEN, RODNEY  
1900 WEST 47TH PL., STE. 205  
WESTWOOD KS 66205

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NAME  
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CITY-ST-ZIP

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\*\*\*\*750.00 \*\*\*\*750.00

☐ Change ☐ Addition

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lance Anderson 9-11-1

913-514-3375

FILED

01 SEP 25 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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