

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003244

1. Entity Name

CHASE MORTGAGE HOLDINGS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90101 025 ***150.00

Principal Place of Business

Mailing Address

4915 INDEPENDENCE PKWY
TAMPA FL 33634

343 THORNALL STREET
C/O LEGAL DEPARTMENT
EDISON NJ 08837-2206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3945513

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

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 \$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 VTD ☐ Delete
NAME CRAUFURD, SUSAN S
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE PD ☐ Delete
NAME SIMON, PENELOPE A
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE D ☐ Delete
NAME HAYDEN, LUKE S
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE D ☐ Delete
NAME MOURIDY, GLENN J
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE VAS ☐ Delete
NAME SHEEHAN, MARGUERITE
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE S ☐ Delete
NAME CARROLL, ROBERT C
STREET ADDRESS 270 PARK AVE
CITY-ST-ZIP NEW YORK NY 10017

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:

Lori S. Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORI S. RUBIN-VICE PRESIDENT

3-20-00 732 205-0758

Date

Daytime Phone #

CR2E034 (9/99)