

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003470

1. Entity Name

FIDELITY MORTGAGE FUNDING, INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90100 047 \*\*\*150.00

Principal Place of Business

Mailing Address

E. SKIPPACK PIKE  
PA 19002

7004 WEST BUTLER PIKE  
AMBLER PA 19002-5146

2. Principal Place of Business

7004 W. Butler Pike

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ambler, Pennsylvania

City & State

4. FEI Number

52-2017993

Applied For

Not Applicable

Zip

Country

19002

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TAYLOR, DAVE  
FLORIDA COMPLIANCE SPECIALISTS, INC.  
1331 E. LAFAYETTE ST., SUITE C  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDPT  
COHEN, DANIEL G  
7 E SKIPPACK PIKE  
AMBLER PA 19002

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7004 West Butler Pike  
Ambler, PA 19002

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KOEHL, MICHAEL W  
7 E SKIPPACK PIKE  
AMBLER PA 19002

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7004 West Butler Pike  
Ambler, PA 19002

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HARTZELL, LINDA  
7 E. SKIPPACK PIKE  
AMBLER PA 19002

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Regina Wessner  
7004 West Butler Pike  
Ambler, PA 19002

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHAFER, SCOTT  
1521 LOCUST STREET  
PHILADELPHIA PA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, CARLOS C  
11708 BOWMAN GREEN DR  
RESTON VA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALBERT, S P  
1609 WALNUT ST  
PHILADELPHIA PA

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:

*Michael W. Koehl*  
Michael W. Koehl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

215-648-3510

Daytime Phone #

CR2E034 (9/99)