

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000006232**

1. Entity Name

**RURBAN MORTGAGE COMPANY****FILED****Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90234 026 \*\*\*150.00

**704175**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2430 ESTANCIA BLVD SUITE 202 100 CLEARWATER FL 33761		2430 ESTANCIA BLVD SUITE 202 100 CLEARWATER FL 33761-2609 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3478478	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOYCE, KENNETH A 2430 ESTANCIA BLVD SUITE 202 CLEARWATER FL 33761		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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, KENNETH A	NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, JACQUELINE M	NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVILLE, THOMAS M (MIKE)	NAME	Henry R. Thiemann
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	STREET ADDRESS	2430 Estancia Boulevard, Suite 100
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	Clearwater, FL 33761
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINTEL, ROBERT LEE	NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	AVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUTY, ROSLYNN	NAME	
STREET ADDRESS	2430 ESTANCIA BLVD SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert Lee Fintel, SVP 1/5/2000 727-799-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)