

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90348 046 ***150.00

DOCUMENT # F98000000539

1. Entity Name
HOMESIDE MORTGAGE SECURITIES, INC.

Principal Place of Business
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

Mailing Address
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2957725**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Delete
NAME **PICKETT, JOE K**
STREET ADDRESS **730 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **CEO, Director** ☐ Change ☒ Addition
NAME **Joseph J. Whiteside**
STREET ADDRESS **7301 Baymeadows Way**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **PCOO** ☒ Delete
NAME **HARRI, HUGH R**
STREET ADDRESS **10110 WHIPPOORWILL LN**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Pres, COO, Director** ☐ Change ☒ Addition
NAME **Gary W. Friedler**
STREET ADDRESS **7301 Baymeadows Way**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **EVPS** ☐ Delete
NAME **JACOBS, ROBERT J**
STREET ADDRESS **14310 MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE **SVP** ☐ Delete
NAME **HAJDA, THOMAS A**
STREET ADDRESS **230 COLINA CT #918**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

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

TITLE **VPCF** ☒ Delete
NAME **WILSON, W B**
STREET ADDRESS **7301 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **VP** ☐ Delete
NAME **SCARBROUGH, STEVEN W**
STREET ADDRESS **7301 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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 #

CR2E034 (9/01)