

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006927

1. Entity Name

MORTGAGE CAPITAL INVESTORS, INC.

Principal Place of Business

6571 EDSALL RD
SPRINGFIELD VA 22151

Mailing Address

6571 EDGALL ROAD
SPRINGFIELD VA 22151

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

54-1921183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	KEEGAN, KEVIN	
STREET ADDRESS	6571 EDGALL ROAD	
CITY-ST-ZIP	SPRINGFIELD VA 22151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEGAN, KEVIN	
STREET ADDRESS	6571 EDSALL ROAD	
CITY-ST-ZIP	SPRINGFIELD, VA 22151	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEALE, G. WILLIAM	
STREET ADDRESS	P.O. BOX 446	
CITY-ST-ZIP	BOWLING GREEN, VA 22427	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'REILLY, BRIAN T.	
STREET ADDRESS	6571 EDSALL ROAD	
CITY-ST-ZIP	SPRINGFIELD, VA 22151	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEAY, D. ANTHONY	
STREET ADDRESS	P.O. BOX 446	
CITY-ST-ZIP	BOWLING GREEN, VA 22427	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, JOHN C.	
STREET ADDRESS	P.O. BOX 446	
CITY-ST-ZIP	BOWLING GREEN, VA 22427	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90093 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2000170/001