

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002057

1. Entity Name

STANDARD MORTGAGE CORPORATION OF GEORGIA

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90940 018 \*\*\*150.00

Principal Place of Business

Mailing Address

5775-D PEACHTREE DUNWOODY RD. SUITE 108  
ATLANTA GA 30342

5775-D PEACHTREE DUNWOODY RD. SUITE 108  
ATLANTA GA 30342-1501

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

58-2115452

Applied For

Not Applicable

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	PCEO	<input type="checkbox"/> Delete
NAME	O'NEIL, KEVIN J	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BYERS, KELLY A	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOPKO, JEFF	
STREET ADDRESS	USBANCORP/ MAIN & FRANKLIN STREETS	
CITY-ST-ZIP	JOHNSTOWN PA 15907	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANTRELL, DOROTHY	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ABATE, GREG	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JEAN	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30342	

TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mcEvoy, Melissa	
STREET ADDRESS	14020 ROOSEVELT BLVD SUITE 802	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Becco	
STREET ADDRESS	5775 Peachtree Dunwoody Rd Suite D-100	
CITY-ST-ZIP	Atlanta GA 30342	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Kern	
STREET ADDRESS	5775 Peachtree Dunwoody Rd D-100	
CITY-ST-ZIP	Atlanta GA 30342	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(404) 843-0020

Daytime Phone #

CR2E034 (9/99)

Kelly Byers