

2001- UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004256

1. Entity Name

NOVASTAR HOME MORTGAGE, INC.

Principal Place of Business

1900 W. 47TH PLACE, STE 205
WESTWOOD KS 66205

Mailing Address

1900 W. 47TH PLACE, STE 205
WESTWOOD KS 66205

2. Principal Place of Business

1900 West 47th Place

Suite, Apt. #, etc.
205

3. Mailing Address

1900 West 47th Place

Suite, Apt. #, etc.
205

City & State

Westwood, Kansas

City & State

Westwood, Kansas

Zip
66205

Country

Johnson

Zip

66205

Country

Johnson

4. FEI Number

48-1201820

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 DP
NAME ANDERSON, W. LANCE
STREET ADDRESS 1901 W. 47TH PLACE, STE 105
CITY-ST-ZIP WESTWOOD KS 66205 ☐ Delete

TITLE D
NAME HARTMAN, SCOTT F
STREET ADDRESS 1901 W. 47TH PLACE, STE 105
CITY-ST-ZIP WESTWOOD KS 66205 ☐ Delete

TITLE V
NAME SCHWATKEN, RODNEY
STREET ADDRESS 1901 W. 47TH PLACE, STE 105
CITY-ST-ZIP WESTWOOD KS 66205 ☐ Delete

TITLE ST
NAME KOHLRUS, MARK J
STREET ADDRESS 1901 W. 47TH PLACE, STE 105
CITY-ST-ZIP WESTWOOD KS 66205 ☒ Delete

TITLE 251-25-AR
NAME 10-00-ARART
STREET ADDRESS 88-75-AR ARSYP
CITY-ST-ZIP 400-00-CRA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 600004616906-0
STREET ADDRESS -10/01/01--01010--014
CITY-ST-ZIP ****750.00 ****750.00 ☐ Change ☐ Addition

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

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

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

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

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

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

W. Lance Anderson 9-11-1

913-514-3375

0135248 AT

FILED

01 SEP 25 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)