

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90171 037 \*\*\*150.00

**DOCUMENT # F99000005595**

1. Entity Name

**FIRST RESIDENTIAL MORTGAGE NETWORK, INC.**

Principal Place of Business

Mailing Address

7982 NEW LAGRANGE RD. #6  
 LOUISVILLE KY 40222

7982 NEW LAGRANGE RD. #6  
 LOUISVILLE KY 40222-4792

2. Principal Place of Business

3. Mailing Address

8381 Dix Ellis Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 Ste. 111

City & State

City & State  
 Jacksonville

Zip

Country

Zip  
 FE 32256

Country  
 Duval

4. FEI Number

61-1280946

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISS, GARY**  
 140 COMMODORE DR.  
 JUPITER FL 33477

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CP	MILLER, ARNOLD B		
7982 NEW LAGRANGE RD. #6	7982 NEW LAGRANGE RD. #6		
LOUISVILLE KY 40222	LOUISVILLE KY 40222		
VCVS	POHN, SAUL L		
7982 NEW LAGRANGE RD. #6	7982 NEW LAGRANGE RD. #6		
LOUISVILLE KY 40222	LOUISVILLE KY 40222		
MILLER, BART			
7982 NEW LAGRANGE RD. #6			
LOUISVILLE KY 40222			

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:

*Saul L Pohn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000  
 Date

502-423-9778  
 Daytime Phone #

CR2E034 (9/99)