

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005911

1. Entity Name

PEACHTREE MORTGAGE GROUP, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90010 014 \*\*\*550.00

Principal Place of Business

2000 POWERS FERRY RD., STE 319  
ATLANTA GA 30067

Mailing Address

2000 POWERS FERRY RD., STE 319  
ATLANTA GA 30067

2. Principal Place of Business

118 Governors Square

3. Mailing Address

118 Governors Square

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Fayetteville, Ga

City & State

Fayetteville, GA

Zip

30215

Country

USA

Zip

30215

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2500239

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

JANE JONES-TURRUATE

1200 N. FEDERAL HIGHWAY, SUITE 200  
BOCA RATON FL 33432

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 13, 2000 Min. 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 D ☐ Delete  
NAME JONES, DAVID  
STREET ADDRESS 636 HIGHLAND PARK DR.  
CITY-ST-ZIP DUNWOODY GA 30350

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

TITLE D ☐ Delete  
NAME JANE JONES-TURRUATE  
STREET ADDRESS 1200 N. FEDERAL HIGHWAY, SUITE 200  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE PVST ☐ Delete  
NAME KMETZ, ANN  
STREET ADDRESS 25 JY CARMICHAEL RD.  
CITY-ST-ZIP NEWMAN GA 30263

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

7/11/00 770-487-0018

CR2E034 (5/00)