## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F99000006062** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** REPUBLIC BANC MORTGAGE CORPORATION 03-20-2000 90039 038 \*\*\*150.00 Mailing Address Principal Place of Business 31155 NORTHWESTERN HIGHWAY 31155 NORTHWESTERN HIGHWAY **FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-2769122 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) (#3) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE Charles W. Adams Brandewie. Douglas e NAME michigan Ave, 31155 NORTHWESTERN HIGHWAY STREET ADDRESS STREET ADDRESS Charlevoix, MI 49720 CITY-ST-ZIP **FARMINGTON HILLS MI 48334** CITY-ST-7IP Eckhold Barry J. Change Addition 2425 E. Grand River, Suite A Delete TITLE TITLE CRACRAFT, CHARLES W NAME ansing, m = 48909 31155 NORTHWESTERN HIGHWAY STREET ADDRESS STREET ADDRESS (D) **FARMINGTON HILLS MI 48334** CITY-ST-ZIP CITY-ST-ZIP \$ SVETC'L'O' **あ**)― HTLF ☐ Detete Bands, C. ROSENBERG, LAWRENCE Illiam NAME 31155 NORTHWESTERN HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pointe, MI **FARMINGTON HILLS MI 48334** CITY-ST-ZIP ☐ Delete TITLE TITLE Thomas F. Menacher 1070 East Main Str SMITH, GEORGE B NAME NAME **186 SOUTH MAIN STREET** STREET ADDRESS STREET ADDRESS 0 W0550, MI 48867 CITY-ST-ZIP PLYMOUTH MI 48107 CITY-ST-ZIP Addition (D) [] Change ☐ Delete TITLE TITLE CAMPBELL, JERRY D NAME KI Change Hancock, MI 49930 1070 EAST MAIN STREET STREET ADDRESS STREET ADDRESS OWOSSO MF48861 48867 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete Albert P. Blank 29225 Chasrin Blvd. Pepper Pike, OH 44122 TITLE 2 Chang CLUCKEY, DANA M NAME 1070 EAST MAIN STREET STREET ADDRESS STREET ADDRESS OWOSSO MI-48861- リタタ 6つ7 CITY-ST-ZIP CITY-ST-7IP

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 by 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: NAME OF SIGNING OFFICER OR DIRECTOR SMATURE AND TYPED OR PRINTE