

2001
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000006624

1. Entity Name

NORTHERN PACIFIC MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

**1105 NO. DUTTON AVE. #200
SANTA ROSA CA 95401**

**1105 NO. DUTTON AVE. #200
SANTA ROSA CA 95401**

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

68-0305904

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

**RICHARDS, ARLENE
677 N. WASHINGTON BLVD.
SARASOTA FL 34236**

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 remitting)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
CVST
RATLIFF, C. EDWARD
1105 NO. DUTTON AVE. #200
SANTA ROSA CA 95401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
RICHARDS, ARLENE
1105 NO. DUTTON AVE. #200
SANTA ROSA CA 95401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for
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 by 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 #

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91178 030 ***150.00

A0071522



DO NOT WRITE IN THIS SPACE

Florida Dept. of State
Please find a copy of
the 2000 Uniform Bus. Report
for Northern Pacific Mgt. Corp.
We do not have the 2001
report - Also included is
a check for \$150.00 for the
year 2001. Thank you.
Mark Gajner
(707) 525-6000

04/30/01

4/28/2001 (941) 727-7767