

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G37617

1. Entity Name

PANHANDLE MORTGAGE, INC.

Principal Place of Business

Mailing Address

8285 NAVARRE PKWY
STE B
NAVARRE FL 32566
US

P O BOX 5217
STE B
NAVARRE FL 32566-0217
US

2. Principal Place of Business

2701 Creeks Edge Lane
Suite, Apt. #, etc.

3. Mailing Address

8855 Navarre Parkway
Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

City & State

Navarre, FL

Zip

32566

Country

USA

4. FEI Number

59-2291775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REBHOLZ, MARY E
8285 NAVARRE PKWY
STE B
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name
Kenneth R. Fountain, P.A.
Street Address (P.O. Box Number is Not Acceptable)
8855 Navarre Parkway

City
Navarre

FL

Zip Code
32566

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 of officer or director of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Signature of Kenneth R. Fountain

DATE

7/13/00

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

TITLE	S	<input type="checkbox"/> Delete
NAME	REBHOLZ, MARY E	
STREET ADDRESS	2701 CREEKS EDGE LANE	
CITY-ST-ZIP	NAVARRE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REBHOLZ, MARY E	
STREET ADDRESS	2701 CREEKS EDGE LANE	
CITY-ST-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600003343816-3
-08/02/00--01049-014
****450.00 ****150.00

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:

MARY E REBHOLZ

7/19/00

8509393535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 JUL 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

page 1 of 02



DO NOT WRITE IN THIS SPACE

0059691

CR2E034 (9/99)

KENNETH R. FOUNTAIN, P.A.

Attorney at Law

Page 2 of 2

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: Appeal of filing fee for Annual Business Reports

To whom it may concern:

I represent Ms. Mary Rebholz and her corporations in all business and legal matters. She has brought to my office several forms for filing her annual business reports after the filing deadline for the following corporations:

Florida Financial Resources Corp.
Worldwide Construction & Development, Inc.
Panhandle Mortgage, Inc.

Ms. Rebholz was unable to timely file these reports because she was out of the State receiving medical treatment for a recent liver transplant and related illnesses. The statements also had errors in the addresses which delayed the delivery to her of the Annual Report forms. The combination of the demands of her medical treatment and the incorrect addresses resulted in her being unable to file the Reports on time. She brought the forms that she had received to my attention for assistance and I contacted you previously to acquire some blank forms for use for the forms that she never received.

With her consent I am accepting responsibility for the position of Registered Agent for all of the corporations to assure that future mailings will be timely received and returned. I am also enclosing a check for the sum of \$450.00 representing the filing fee of \$150.00 per corporation. This letter is to request that additional fees and penalties be waived for Ms. Rebholz and the Annual Reports be accepted for filing.

Thank you for your assistance in this matter and should you have any questions please do not hesitate to contact me.

Sincerely,



Kenneth R. Fountain