

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90062 017 \*\*\*150.00

**DOCUMENT # G48886**

1. Entity Name  
**GIBRALTAR MORTGAGE AND LOAN COMPANY**

Principal Place of Business  
~~G/O JOHN E. VAN VORST~~  
**2929 E. COMMERCIAL BLVD., SUITE 409**  
**FORT LAUDERDALE FL 33308-4296**

Mailing Address  
~~G/O JOHN E. VAN VORST~~  
**2929 E. COMMERCIAL BLVD., SUITE 409**  
**FORT LAUDERDALE FL 33308-4296**

00017084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2929 E. COMMERCIAL BLVD.**

3. Mailing Address  
**2929 E. COMMERCIAL BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**409**

**409**

City & State

City & State

**FORT LAUDERDALE, FL**

**FORT LAUDERDALE, FL**

Zip

Country

Zip

Country

**33308-4296**

**33308-4296**

4. FEI Number **59-2303870**

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

**BARNES, JOSEPH B**  
**2929 E. COMMERCIAL BLVD.**  
**SUITE 409**  
**FORT LAUDERDALE FL**

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, 2001 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-ST-ZIP  
**VPAS**  
**GATES, VICKIE D** ☐ Delete  
**2929 E. COMMERCIAL BLVD.**  
**FORT LAUDERDALE FL 33308**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPAS**  
**COX, CHRISTY L** ☐ Delete  
**2929 E. COMMERCIAL BLVD., #409**  
**FORT LAUDERDALE FL 33308**

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

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☐ Change ☐ Addition

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:

*Vickie D. Gates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01

CR2E034 (10/00)