## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # G53682** 1. Entity Name HMS MORTGAGE COMPANY, INC. 02-01-2000 90066 023 \*\*\*150.00 Principal Place of Business Mailing Address 400 SAWGRASS CORPORATE PWY P O BOX 551540 FT LAUDERDALE FL 33355-1540 SUNRISE FL 33325 60011628 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 900 4. FEI Number City & State Applied For 59-2349385 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CYNTHIA J. STARRETT Street Address (P.O. Box Number is Not Acceptable) 400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE **D**elete TITLE Kerneth E. Harthausen PYLES, ALAN 1625 MW. 136 AME, Ste. 200 NAME STREET ADDRESS STREET ADDRESS **400 SAWGRASS CORPORATE PWY** CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33325 Change ☐ Addition Delete TITLE TITLE WOLK, HOWARD NAME 400 SAWGRASS CORPORATE PWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SUNRISE FL 33325** CITY-ST-ZIP Delete -TITLE-1625 n.w. 1364 Ave, 5k, 200 STARRETT, CYNTHIA J. NAME 400 SAWGRASS CORPORATE PWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP Ft. Lauderdale FL 33323 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

954-845-9200

Date