

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G71964**

1. Entity Name

ALLEN C. EWING MORTGAGE AND REALTY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90049 047 ***150.00

Principal Place of Business 100 N. TAMPA STREET STE 2175 TAMPA FL 33602 US	Mailing Address 100 N. TAMPA ST STE 2175 TAMPA FL 33602-5858 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>50 N. Laura Street</i>	3. Mailing Address <i>50 N. Laura Street</i>
Suite, Apt. #, etc. <i>Suite 3625</i>	Suite, Apt. #, etc. <i>Suite 3625</i>
City & State <i>Jacksonville</i>	City & State <i>Jacksonville</i>
Zip <i>FL 32202</i> Country <i>USA 32202</i>	Zip <i>FL 32202</i> Country <i>USA 32202</i>

4. FEI Number 59-2360541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BISHOP, BEJAMIN C. 50 N LAURA STREET SUITE 3625 SUITE 2100 JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BISHOP, BENJAMIN C 50 N. LAURA ST., SUITE 3625 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, SHAARON 50 N. LAURA ST., SUITE 3625 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, J B 100 N TAMPA ST, STE 2175 JAX FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael J. Wallace 50 N. Laura St, Ste 3625 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Wallace* **Treasurer** **3/31/00** **(904) 354-5573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)