

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # G71964**

1. Entity Name  
**ALLEN C. EWING MORTGAGE AND REALTY, INC.**

Principal Place of Business 50 N. LAURA STREET SUITE 3625 JACKSONVILLE 32202 US	FL	Mailing Address 50 N. LAURA STREET SUITE 3625 JACKSONVILLE 32202 US	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 2917 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA BEACH FL	4. FEI Number <b>59-2360541</b>	Applied For <input type="checkbox"/>
Zip 32004	Country US	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$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 US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **03/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
TITLE	T	<input type="checkbox"/> Delete	
NAME	WALLACE MICHAEL J		
STREET ADDRESS	90 N. LAURA STREET SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
TITLE	AS	<input type="checkbox"/> Delete	
NAME	ANDERSON SHAARON		
STREET ADDRESS	50 N. LAURA ST., SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	CDP	<input type="checkbox"/> Delete	
NAME	BISHOP BENJAMIN C		
STREET ADDRESS	50 N. LAURA ST., SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE MICHAEL J		
STREET ADDRESS	3652 SOUTH THIRD STREET, SUITE 200		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON SHAARON		
STREET ADDRESS	50 N. LAURA ST., SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP BENJAMIN C		
STREET ADDRESS	50 N. LAURA ST., SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
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			

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 T 03/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)