

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83005

1. Entity Name

PLANTATION MORTGAGE CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 032 ***158.75

Principal Place of Business

Mailing Address

6050 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429
US

6050 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429-8759
US

600869



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5569 W. GULF to LAKE HWY
Suite, Apt. #, etc.

5569 W GULF to LAKE HWY
Suite, Apt. #, etc.

City & State

City & State

Crystal River, FL

Crystal River, FL

4. FEI Number 59-2417098

Applied For

Not Applicable

Zip 34429

Country U.S.

Zip 34429

Country U.S.

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

ALEXANDER, CHARLES
1630 N. LOMBARDO AVE
LECANTO FL 34461

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALEXANDER, CHARLES
STREET ADDRESS 1630 N. LOMBARDO AVE
CITY-ST-ZIP LECANTO FL ☐ Delete

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

TITLE ST
NAME ALEXANDER, CHARLES
STREET ADDRESS 1630 N. LOMBARDO AVE
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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 changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Charles N. Alexander / CHARLES ALEXANDER 12/31/99 352-795-663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #