

DOCUMENT # G83005

1. Entity Name

PLANTATION MORTGAGE CORPORATION

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90041 002 ***158.75

Principal Place of Business

6050 W GULF TO LAKE HWY
 CRYSTAL RIVER FL 34429
 US

Mailing Address

6050 W GULF TO LAKE HWY
 CRYSTAL RIVER FL 34429
 US

2. Principal Place of Business

5569 W. Gulf to Lake Hwy / to Lake Hwy

Suite, Apt. #, etc.

3. Mailing Address

5569 W. Gulf to Lake Hwy / to Lake Hwy

Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

Crystal River FL

Zip

Country

34429

US

Zip

Country

34429

US

4. FEI Number

59-2417098

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, CHARLES
 1630 N. LOMBARDO AVE
 LECANTO FL 34461

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHARLES	
STREET ADDRESS	1630 N. LOMBARDO AVE	
CITY-ST-ZIP	LECANTO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHARLES	
STREET ADDRESS	1630 N. LOMBARDO AVE	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Charles N. Alexander 12/31/00
 352-775-6633

CR2E034 (10/00)