

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58402

1. Entity Name  
**GAINESVILLE MORTGAGE COMPANY, INC.**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90025 032 \*\*\*150.00

Principal Place of Business Mailing Address  
**3720 NW 43 ST SUITE 105** **3720 NW 43 ST SUITE 105**  
**PO BOX 90039** **PO BOX 90039**  
**GAINESVILLE FL 32607** **GAINESVILLE FL 32607**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**2622 NW 43RD STREET**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE A-1**

City & State City & State  
**GAINESVILLE FL**

Zip Country Zip Country  
**32606**

4. FEI Number **59-2788059** Applied For  
Not Applicable

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

**OLOFSSON, VICKI S**  
**3720 NW 43 ST SUITE 105**  
**GAINESVILLE FL 32606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2622 NW 43RD STREET, SUITE A-1**  
City **GAINESVILLE** **FL** Zip Code **32606**

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 *Vicki S. Olofsson* **VICKI S. OLOFSSON, PRESIDENT** **4/12/01**  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>OLOFSSON, VICKI S</b>	
STREET ADDRESS	<b>3720 NW 43 ST SUITE 105</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>OLOFSSON, OLOF</b>	
STREET ADDRESS	<b>3720 NW 43 ST, STE 105</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>SAVP</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, THOMAS W</b>	
STREET ADDRESS	<b>3720 NW 43 SUITE 105</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COWART, RONA</b>	
STREET ADDRESS	<b>3720 NW 43RD ST. SUITE 105</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOSS, JACQUELINE A</b>	
STREET ADDRESS	<b>3720 NW 43RD ST SUITE 105</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, HAROLD</b>	
STREET ADDRESS	<b>134 E CALL STREET</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vicki S. Olofsson* **VICKI S. OLOFSSON, PRESIDENT**

**4/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)