FILED

(352) 732-5450

Daytime Phone #

3/30/01

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attach

SIGNATURE

it with an address, with all other.

owered.

NAME OF SIGNING OFFICER OF DIRECTOR

ARTHUR F. TAIT, JR. - PRESIDENT

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # J72398 VENTURE ASSOCIATES MORTGAGE CORPORATION** 04-02-2001 90085 015 \*\*\*150.00 Principal Place of Business Mailing Address 2661 N.W. 60TH AVENUE 2661 N.W. 60TH AVENUE OCALA FL 34482 OCALA FL 34482 U\$ HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2811526 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMONS HART & SHEEHE Street Address (P.O. Box Number is Not Acceptable) 125 NORTHEAST FIRST AVENUE SUITE 1 OCALA FL 34471 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDST CHAIRMAN, DIRECTOR, ASST. SECRETARY, TREASURER. 3R2E034 (10/00) TITLE ☐ Delete TITLE PEARSALL, RICHARD L. 5000 N US HIGHWAY 27 PEARSALL, RICHARD L. NAME NAME 5000 N US HIGHWAY 27 STREET ADDRESS STREET ADDRESS OCALA FL 34482 OCALA FL CITY-ST-ZIP CITY-ST-ZIP VPD VICE PRESIDENT, DIRECTOR, SECRETARY TITLE ☐ Delete TITLE ☐ Change ECKMAN, KENNETH A. ECKMAN, KENNETH A. NAME NAME 5000 N US HIGHWAY 27 5000 N US HIGHWAY 27 STREET ADDRESS STREET ADDRESS OCALA FL 34482 OCALA FL CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TITLE ☐ Addition TITLE ☐ Detete TAIT, ARTHUR F., JR. TAIT, ARTHUR F., JR. NAME<sup>- ™</sup> 5000 N US HIGHWAY 27 5000 N US HIGHWAY 27 STREET ADDRESS STREET ADDRESS OCALA FL OCALA FL 34482 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! E Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if