

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90460 047 ***150.00

DOCUMENT # J72398

1. Entity Name
VENTURE ASSOCIATES MORTGAGE CORPORATION



Principal Place of Business
**2661 N.W. 60TH AVENUE
OCALA FL 34482
US**

Mailing Address
**2661 N.W. 60TH AVENUE
OCALA FL 34482
US**



2. Principal Place of Business
5127 N.W. 26 Street
Suite, Apt. #, etc.

3. Mailing Address
5127 N.W. 26 Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number **59-2811526**

Applied For
Not Applicable

Zip Country
34482 USA

Zip Country
34482 USA

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

**SIMMONS HART & SHEEHE
125 NORTHEAST FIRST AVENUE
SUITE 1
OCALA FL 34471**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **FEARSALL, RICHARD L.**
CITY-ST-ZIP **5000 N US HIGHWAY 27
OCALA FL 34482**

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

TITLE ☐ Delete
NAME **VPDS**
STREET ADDRESS **ECKMAN, KENNETH A.**
CITY-ST-ZIP **5000 N US HIGHWAY 27
OCALA FL 34482**

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

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **TAIT, ARTHUR F., JR.**
CITY-ST-ZIP **5000 N US HIGHWAY 27
OCALA FL 34482**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VENTURE ASSOCIATES MORTGAGE CORPORATION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur F. Tait, JR. **2-28-03 352-732-5450**
Date Daytime Phone #

CR2E034 (10/02)