

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82131

1. Entity Name  
LAKELAND REGIONAL MORTGAGE CORPORATION

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90023 050 \*\*\*150.00

Principal Place of Business  
1628 S FLORIDA AVE  
LAKELAND FL 33803  
US

Mailing Address  
1628 S FLORIDA AVE  
LAKELAND FL 33803  
US

2. Principal Place of Business  
4310 S. Florida Ave

3. Mailing Address  
4310 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKELAND FL

City & State  
LAKELAND FL

4. FEI Number 59-2821220

Applied For  
Not Applicable

Zip 33813 Country USA

Zip 33813 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BERRY, WILLIAM C  
1628 S FLORIDA AVE  
LAKELAND FL 33803

## 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	P	<input type="checkbox"/> Delete
NAME	BERRY, WILLIAM C	
STREET ADDRESS	1628 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BERRY, PATRICIA A	
STREET ADDRESS	1628 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, WILLIAM C	
STREET ADDRESS	4310 S. Florida Ave	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, PATRICIA A.	
STREET ADDRESS	4310 S Florida Ave	
CITY-ST-ZIP	LAKELAND, FL 33803	
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

17 4/4/01 (863) 682-2106  
Date Daytime Phone #

CR2E034 (10/00)