

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K31512

1. Entity Name
LIBERTY FINANCIAL MORTGAGE CORPORATION

Principal Place of Business
7901 4ST NO
320
ST. PETERSBURG FL 33702
US

Mailing Address
P.O. BOX 10604
ST. PETERSBURG FL 33733
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2905384 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

WILKINSON, BARRY G
696 1ST AVE. N.
STE. #201
ST. PETERSBURG FL 33701

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DPST
NAME CLAMPITT, RONALD E
STREET ADDRESS 7901 4TH STREET N #320
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

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

TITLE VP
NAME BAYLESS, RONALD C
STREET ADDRESS 7901 4TH STREET N #320
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Ronald E. Clampitt* DATE: 9-10-01 9164949

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 016 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)