

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83576

1. Entity Name

NATIONAL HOME LOAN CORPORATION

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90084 023 ***158.75

Principal Place of Business

116 N FEDERAL HWY
DEERFIELD BCH FL 33441
US

Mailing Address

116 N FEDERAL HWY
DEERFIELD BCH FL 33441-3610
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0117116**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHANAHAN, PATRICK C.
6174 NW 123 LANE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Patrick C Shanahan

Street Address (P.O. Box Number is Not Acceptable)

Address Change Only

116 North Federal Hwy

Deerfield Beach

FL

Zip Code

33441-3610

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

1/17/00

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, 2000 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	SHANAHAN, PATRICK C.	
STREET ADDRESS	1480 NW 14TH AVE. <i>116 North Federal Hwy</i>	
CITY-ST-ZIP	BOCA RATON FL 33486 <i>Deerfield Beach FL 33441</i>	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	CASTAGNOLO, CAROLINE	
STREET ADDRESS	1480 NW 14TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33486	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Patrick C Shanahan</i>	
STREET ADDRESS	<i>116 North Federal Hwy</i>	
CITY-ST-ZIP	<i>Deerfield Beach FL 33441-3610</i>	
TITLE	VP, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Wayne Rioux</i>	
STREET ADDRESS	<i>116 North Federal Hwy</i>	
CITY-ST-ZIP	<i>Deerfield Beach FL 33441-3610</i>	

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		

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

Patrick C Shanahan

Date

Daytime Phone #

1/17/00 954 233 5363x26