

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87623

1. Entity Name

SOUTHERN MORTGAGE FUNDING CORPORATION

Principal Place of Business

551 NE 77TH ST  
SUITE 207  
BOCA RATON FL 33487  
US

Mailing Address

551 NE 77TH ST  
SUITE 207  
BOCA RATON FL 33487  
US

2. Principal Place of Business

2302 NW 66TH DR.  
Suite, Apt. #, etc.

3. Mailing Address

2302 NW 66TH DR.  
Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip 33496

Country

P.B.

Zip 33496

Country

P.B.

6. Name and Address of Current Registered Agent

SCHOENFIELD, DAVID  
551 NW 77TH ST  
SUITE 207  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: ~~SCHOENFIELD, DAVID~~  
Street Address (P.O. Box Number is Not Acceptable):  
2302 NW 66TH DR.  
City: BOCA RATON FL Zip: 33496

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

DAVID SCHOENFIELD

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

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 PD  
NAME SCHOENFIELD, DAVID ☐ Delete  
STREET ADDRESS 551 NW 77 ST #207  
CITY-ST-ZIP BOCA RATON FL

TITLE STD  
NAME SCHOENFIELD, DEBORAH ANN ☐ Delete  
STREET ADDRESS 551 NW 77 ST #207  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

DAVID SCHOENFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/01

Daytime Phone #

(561) 241-9000

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90303 006 \*\*\*150.00

1004015



DO NOT WRITE IN THIS SPACE

0024310

CR2E034 (10/00)