

2001 UNIFORM BUSINESS REPORT (UBR)

0022349 AF

DOCUMENT # L00000000519

1. Entity Name
CAMBRIDGE FIDELITY MORTGAGE, L.L.C.

FILED

01 MAR -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7944 WOODPOINTE COURT
SARASOTA FL 34238

Mailing Address
7944 WOODPOINTE COURT
SARASOTA FL 34238



2. Principal Place of Business
200 S. WASHINGTON BLVD

3. Mailing Address
SAMP

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL

City & State

4. FEI Number
65-0973643

Applied For
Not Applicable

Zip
34236

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, SHERYL A
1800 SECOND ST., STE. 757
SARASOTA FL 34236

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 (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SPALDING, CHRISTINE J
7944 WOODPOINTE COURT
SARASOTA FL 34238 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SMITH, RANDALL J
2463 PROSPECT STREET
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700003819807-6
-03/09/01--01015--008
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)