

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90214 019 \*\*\*\*50.00

**DOCUMENT # L00000001420**

1. Entity Name

VERMILLION MORTGAGE, L.L.C.

Principal Place of Business

3298 SUMMIT BLVD., #8A  
 PENSACOLA FL 32503

Mailing Address

3298 SUMMIT BLVD., #8A  
 PENSACOLA FL 32503

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

91-2020347

Applied For

Not Applicable

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

NELLY, MICHELLE  
 5637 WHISPERING WOODS DR  
 PACE FL 32571

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 NEELY, MICHELLE  
 5637 WHISPERING WOODS DR  
 PACE FL 32571 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Michelle  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 COOK, JAMES M  
 3874 PARADISE BAY  
 GULF BREEZE FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Jeffrey P.  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Jeffrey P. Neely  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Jeffrey P.  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Jeffrey P. Neely  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Jeffrey P.  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Jeffrey P. Neely  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Jeffrey P.  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Jeffrey P. Neely  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 Neely, Jeffrey P.  
 1392 Autumn Breeze Ct  
 Gulf Breeze FL 32561 ☐ 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** *Michelle Neely* **REQUIRED**

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

Date

Daytime Phone #

1/10/02 850 916-0600

CR2E083 (9/01)