

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004439

1. Entity Name

EMORTGAGE ORLANDO, L.C.

FILED

01 MAY 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

611 NORTH WYMORE ROAD, SUITE 219
WINTER PARK FL 32789

611 NORTH WYMORE ROAD, SUITE 219
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2699 LEE RD

2699 LEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 320

STE 320

City & State

City & State

WINTER PARK FL

WINTER PARK FL

Zip

Country

Zip

Country

32789

32789

4. FEI Number

Applied For

59-3649697

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

ROBERT M. GARDNER, P.A.
611 NORTH WYMORE ROAD, SUITE 219
WINTER PARK FL 32789

Name

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

2699 LEE RD
STE 320

City

WINTER PARK

FL

Zip Code

32789

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

[Signature]

20 Apr 01

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
MM/M
ROBERT M. GARDNER
2699 LEE RD STE 320
WINTER PARK FL 32789 ☐ Delete

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

TITLE
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☐ 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 #

[Signature]

Robert M. Gardner

20 Apr 01

407 647 4002