2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013354					FILED			
1. Entity Name TAMPA BAY MORTGAGE COMPANY, L.L.C.					01 APR 26 PM 4: 18			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALL AHASSEE, FLORIDA				
10852 117TH WAY NORTH 10852 117TH WAY NORTH LARGO FL 33778 LARGO FL 33778					114774 11411111111111111111111111111111			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For 59–3677304 Not Applicable			
Zip Country		Zip	ip Country .		tificate of Status Desired	\$5.00 Ad Fee Require	Iditional	
	6. Name and Address of Current I	Registered Agent		7. Nai	ne and Address of New Reg			
			Name					
- MALONE, CYNTHIA D			Street A	Street Address (P.O. Box Number is Not Acceptable)				
10852 117TH WAY NORTH								
LARGO F	L 33778	· ·	City			FL Zip Cod	de	
O The above	named entity submits this statement for	the purpose of changing its re	agistared office o	r registered agent	or both in the State of Florin			
SIGNATURE .	Signature, typed or printed name of registered agent a	<u></u>	W!!! FEE IS		ating)	DATE		
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CI	HANGES		
TITLE		☐ Delete	TITLE	Managing		☐ Change	XX Addition	
NAME STREET ADDRESS CITY-ST-ZIP	·		NAME STREET ADDRESS CITY-ST-ZIP	Cynthia I 10852 117 Largo Fl	'th Way N			
TITLE		☐ Delete	TITLE	Managing		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Barbara M. Berger 3768 Windber Blvd				
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palm Hark	or, F1, 34685	☐ Change	☐ Addition	
TITLE	-	□ Delete	TITLE	-		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP		300004 3 -05/15/0	17263 0101074	2 008	
CITY-ST-ZIP TITLE NAME STREET ADDRESS : CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		*****	5.00 ★★★★★ ☐ Change	55 Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report is true and accurate and to billity company of the receiver or trustee	hat my signature shall have the	e same legal effe	ect as if made und	er oath; that I am a managing	rther certify that the i g member or manage	nformation er of the	

SIGNATURE AND OPEN OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

4/23/01

(727)-395-9830

Daytime Phone #