

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014816

1. Entity Name
GREATER HOME FUNDING, LLC

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3757 CHARLESTON LOOP
OVIEDO FL 32765

Mailing Address

3757 CHARLESTON LOOP
OVIEDO FL 32765

2. Principal Place of Business

1105 KENSINGTON PARK DRIVE
Suite, Apt. #, etc.

3. Mailing Address

555 WINDERLEY PLACE
Suite, Apt. #, etc.

#114

City & State

ALTAMONTE SPRING, FLORIDA

City & State

MAITLAND, FLORIDA

Zip

32714

Country

US

Zip

32751

Country

US

4. FEI Number

52-2286586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORTGAGE DIRECT VENTURES LLC
3757 CHARLESTON LOOP
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
MORTGAGE DIRECT VENTURES, LLC

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

555 WINDERLEY PLACE

City

MAITLAND FL.

FL

Zip Code

32751

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORTGAGE DIRECT VENTURES LLC
3757 CHARLESTON LOOP
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
555 WINDERLEY PLACE #114
MAITLAND, FL. 32751

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200004037282--1
-04/20/01--01138--006
*****50.00 *****50.00

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

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

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)