

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90063 022 \*\*\*\*50.00

**DOCUMENT # L01000004869**

1. Entity Name

**BUILDER DIRECT MORTGAGE, LLC**



Principal Place of Business

1500 LEE RD., STE. 200  
ORLANDO FL 32810

Mailing Address

1500 LEE RD., STE. 200  
ORLANDO FL 32810

2. Principal Place of Business

295 East SR50

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1A

City & State

Clermont, FL

City & State

Zip

Country

34711

Lake

Country

4. FEI Number **59-3746318**

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

GASDICK

~~GASDICK~~, MICHAEL J

37 N. ORANGE AVE., STE. 210  
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **LOAG, DOUGLAS F LONG**  
STREET ADDRESS **1500 LEE RD**  
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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

**Douglas F. Long**

Manager

**2/12/03**

**407 578-2000**

Daytime Phone #

CR2E083 (10/02)