

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10519

1. Entity Name

LEVIE MORTGAGE INVESTMENT CORPORATION

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90030 008 \*\*\*150.00

Principal Place of Business

Mailing Address

217 N. WESTMONTE DR., SUITE 3025  
ALTAMONTE SPRINGS FL 32714

217 N. WESTMONTE DR., SUITE 3025  
ALTAMONTE SPRINGS FL 32714-3338

2. Principal Place of Business

185 WAYMONT CT

3. Mailing Address

185 WAYMONT CT

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-2975878

Applied For

Not Applicable

Zip

32746

Country

U.S.

Zip

32746

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVIE, JAMES C.  
217 N. WESTMONTE DRIVE, SUITE 3025  
ALTAMONTE SPRINGS, 32779

7. Name and Address of New Registered Agent

Name

LEVIE, JAMES C.

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

185 WAYMONT CT

#101

City

LAKE MARY

FL

Zip Code

32746

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

JAMES C. LEVIE

DATE

4/18/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	JAMES C LEVIE	
STREET ADDRESS	217 N WESTMONTE DR #3025	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEVIE, JAMES C.	
STREET ADDRESS	217 N. WESTMONTE DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	185 WAYMONT CT. #101	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	185 WAYMONT CT. #101	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPD

JAMES C. LEVIE

4/18/00

407-323-7333

#15

Date

Daytime Phone #

CR2E034 (9/99)