

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90008 048 ***158.75

DOCUMENT # L17194

1. Entity Name
ASSURANCE MORTGAGE CORPORATION

Principal Place of Business
 1500 E ROBINSON ST
 ORLANDO FL 32801
 US

Mailing Address
 C/O DAVID L. RICHMOND
 1500 E ROBINSON ST.
 ORLANDO FL 32801-2122
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 2518
 Suite, Apt. #, etc.

City & State
 WINTER PARK, FL

City & State
 WINTER PARK, FL

Zip
 32790-2518

Country
 ORANGE

6. Name and Address of Current Registered Agent
 RICHMOND, DAVID L.
 1500 E ROBINSON STREET
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name: RICHMOND, DAVID L.
 Street Address (P.O. Box Number is Not Acceptable): 8217 HELENA DRIVE
 City: ORLANDO FL Zip Code: 32817

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]* **DAVID L. RICHMOND, Pres** **4/28/00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, DAVID L.		NAME		
STREET ADDRESS	1500 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, LINDA		NAME		
STREET ADDRESS	1500 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	SPEK, JOAN L.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEK, JOAN L.		NAME		
STREET ADDRESS	1500 E. ROBINSON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **4/28/00** **407-897-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)