

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86062

1. Entity Name

FIRST BANKERS MORTGAGE SERVICES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90182 048 ***158.75

Principal Place of Business

1700 NW 64TH STREET
SUITE 100
FT LAUDERDALE FL 33309

Mailing Address

1700 NW 64TH STREET
SUITE 100
FT LAUDERDALE FL 33309-1801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0205105

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLESPIE, BOWEN R. III
1515 S. FEDERAL HWY
300
BOCA RATON FL 33432

Name Barry Hollander
Street Address (P.O. Box Number is Not Acceptable)
2401 PGA Blvd. #190
City Palm Beach Gardens FL Zip Code 33410

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

Barry Hollander - CFO

4/11/2000
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	S	<input type="checkbox"/> Delete
NAME	MURATORE, IRENE	
STREET ADDRESS	1700 NW 64TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MURATORE, VINCENT L	
STREET ADDRESS	1700 NW 64TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vincent Muratore President

4/11/2000 954-493-9400
Date Daytime Phone #