

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90232 037 ****50.00

DOCUMENT # L97000001271

1. Entity Name

FLORIDA MORTGAGE TRUST, LC



Principal Place of Business

**12559 NEW BRITTANY BLVD., UNIT 25
FORT MYERS FL 33907**

Mailing Address

**12559 NEW BRITTANY BLVD., UNIT 25
FORT MYERS FL 33907**

20009363

2. Principal Place of Business

12559 New Brittany Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 25

City & State

Fort Myers, FL

City & State

Zip

Country

33907

Lee

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0794596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLERAN, KARA
12559 NEW BRITTANY BLVD., UNIT 25
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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

Kara Holleran

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

TITLE **MGR** ☒ Delete
NAME **HERNANDEZ, JOSE**
STREET ADDRESS **12559 NEW BRITTANY BLVD**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **MGR/OWNER** ☐ Delete
NAME **Kara Holleran**
STREET ADDRESS **2043 SE 28TH TERRACE CAPE CORAL**
CITY-ST-ZIP **33904**

TITLE **MGR/OWNER** ☐ Delete
NAME **WILLIAM BRADLEY**
STREET ADDRESS **2 Bramblewood point**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E083 (10/02)

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:

Kara Holleran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

239 274 9400