

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000724

1. Entity Name

MORTGAGE MANAGERS OF CENTRAL FLORIDA, LLC

Principal Place of Business

802 E. COLONIAL DRIVE  
ORLANDO FL 32803

Mailing Address

802 E. COLONIAL DRIVE  
ORLANDO FL 32803-4606

2. Principal Place of Business

3. Mailing Address

PO Box 940656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland FL

Zip

Country

Zip

Country

32794-0656 Orange

4. FEI Number

59-3608808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHAN, REINHARD G  
2699 LEE ROAD, SUITE 540  
WINTER PARK FL 32789

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.

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 Department of State

000003258490--6  
-05/19/00--01006--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
STREET ADDRESS CITIZENS MORTGAGE MANAGERS, INC.  
CITY- ST- ZIP 802 E. COLONIAL DRIVE  
ORLANDO FL 32803 ☒ Delete

TITLE NAME Managing Member ☐ Change ☒ Addition  
STREET ADDRESS Michael Gruskin  
CITY- ST- ZIP 1160 Rollingwood Trail  
Maitland, FL 32751

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME Managing Member ☐ Change ☒ Addition  
STREET ADDRESS Jennifer L. Gruskin  
CITY- ST- ZIP 1160 Rollingwood Trail  
Maitland, FL 32751

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 no 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 entity or officer or authorized employee to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Jennifer Gruskin 4/24/00 (407)

SIGNATURE MICHAEL GRUSKIN 4/24/00

Date

Daytime Phone #

539-1803

CR2E083 (9/99)