

# 2000 UNIFORM BUSINESS REPORT (UBR)

# REINSTATEMENT 2000

DOCUMENT # L99000001250

1. Entity Name

BRIDGEPORT MORTGAGE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

Principal Place of Business

101 CENTURY 21 DRIVE  
SUITE 122  
JACKSONVILLE FL 32216

Mailing Address

101 CENTURY 21 DRIVE  
SUITE 122  
JACKSONVILLE FL 32216

2. Principal Place of Business

1750 Rogero Road

3. Mailing Address

1750 Rogero Rd

Suite, Apt. #, etc.

JACKSONVILLE FL

Suite, Apt. #, etc.

JACKSONVILLE FL

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

USA

Zip

32211

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

LISA SNEED

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

1750 ROGERO RD

City

JACKSONVILLE

FL

Zip Code

32211

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]*

LISA SNEED

11-3-00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete

NAME SNEED, ALJEROY W  
STREET ADDRESS 101 CENTURY 21 DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE MGRM ☐ Delete

NAME PALMWOOD, LLC  
STREET ADDRESS 101 CENTURY 21 DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE MGRM ☐ Delete

NAME SNEED, LISA  
STREET ADDRESS 101 CENTURY 21 DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32216

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 MGR ☒ Change ☐ Addition

NAME SNEED, ALJEROY W.  
STREET ADDRESS 1750 ROGERO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE MGRM ☒ Change ☐ Addition

NAME PALMWOOD LLC  
STREET ADDRESS 1750 ROGERO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE MGRM ☒ Change ☐ Addition

NAME SNEED, LISA  
STREET ADDRESS 1750 ROGERO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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 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:

*[Signature]* ALJEROY W. SNEED 9-10-00

904 762-1700

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

Date

Daytime Phone #

CR2E083 (5/00)