

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008510

1. Entity Name

COMMONWEALTH MORTGAGE L.L.C.

FILED

Principal Place of Business

Mailing Address

246 3RD STREET
NEPTUNE BEACH FL 32266

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NEPTUNE BEACH FL 32266

07 JUL 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

5270 Palm Valley Rd

P.O. Box 3251

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Ponte Vedra Beach, FL

Ponte Vedra Beach, FL

4. FEI Number 59-3612395

Applied For

Not Applicable

Zip 32082

Country USA

Zip 32004-3251

Country USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPSTER, WILLIAM FOSTER
500 NAUTICAL BLVD
ATLANTIC BEACH FL 32233

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HARPSTER, WILLIAM F
STREET ADDRESS 500 NAUTICAL BLVD
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE member
NAME phyllis S. Harpster
STREET ADDRESS 11467 alumosa Dr.
CITY-ST-ZIP Jacksonville, FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS 900004509839--0
CITY-ST-ZIP -07/31/01--01067--018 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 of William Foster Harpster

2/26/01 904-280-8579

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE