

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

UJ01140

DOCUMENT # M00000002475

1. Entity Name

UNIMORTGAGE LLC

01-22-2002 90005 002 ****55.00

Principal Place of Business

**8120 NATIONS WAY, BLVD., #200
 SUITE 201
 JACKSONVILLE FL 32256**

Mailing Address

**8120 NATIONS WAY, BLVD., #200
 SUITE 201
 JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0514464

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

N/A

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 May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 ROSATI, JAMES V
 671 BOSTON NECK ROAD
 PROVIDENCE RI 02882** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP, General Counsel & SEC.
 VETH, STEPHEN R.
 6858 MADRID AVENUE
 JACKSONVILLE, FL. 32217** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 FINANCIAL PARTNERSHIP, LLC
 671 BOSTON NECK RD.
 PROVIDENCE RI 02882** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP, CHIEF ACCOUNTING OFFICER
 SILSBY, JOHN P.
 8803 WATERFRONT TERRACE
 JACKSONVILLE, FL. 32217** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEVP
 HOGG, THOMAS F
 408 COMSTOCK PKWY
 CRANSTON RI 02921** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 DEBEE, RALPH J.
 2104 FOREST HOLLOW WAY
 JACKSONVILLE, FL. 32255** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 HAYT, JOHN T
 8120 NATIONS WAY, BLVD., #200
 JACKSONVILLE FL 32256** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 BASSHAM, DARRELL
 3776 SALTMEADOW COURT SOUTH
 JACKSONVILLE, FL. 32224** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCOO
 DOIDGE, PAUL G
 8120 NATIONS WAY, BLVD., #200
 JACKSONVILLE FL 32256** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP
 WALLACE, CHARLES H JR.
 8120 NATIONS WAY, BLVD., #200
 JACKSONVILLE FL 32256** ☐ 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: *Stephen R. Veth* **STEPHEN R. VETH
 SENIOR VICE PRESIDENT**

1/09/02 **904-332-7683**

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

Date

Daytime Phone #

CR2E083 (9/01)