

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000029

1. Entity Name
RLI MORTGAGE SERVICES, LLC

Principal Place of Business

9025 N. LINDBERGH DRIVE
PEORIA IL 61615

Mailing Address

9025 N. LINDBERGH DRIVE
PEORIA IL 61615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARKAS, LEE
101 NE 2ND STREET
OCALA FL 34471

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWLEY, DANIEL 101 S.E. SECOND STREET OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, SHERRY 101 S.E. SECOND STREET OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, BEAN & WHITAKER MORTGAGE CORP. 101 S.E. SECOND STREET OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL, JONATHAN E 9025 N. LINDBERGH DRIVE PEORIA IL 61615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDOZ, DAVID C 9025 N. LINDBERGH DRIVE PEORIA IL 61615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David C. Sandoz* David c. Sandoz, Manager 1-30-02 (309)

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

Date

692-1000

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90056 003 ****50.00

921899



DO NOT WRITE IN THIS SPACE

4. FEI Number

37-1377059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (9/01)