

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M990000000979

1. Entity Name

CENDANT HOME MORTGAGE LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

3000 LEADENHALL ROAD  
MT LAUREL NJ 08054

Mailing Address

3000 LEADENHALL ROAD  
MT LAUREL NJ 08054-4806

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

22-3662139

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

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

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
EDWARDS, TERENCE W  
3000 LEADENHALL RD.  
MT LAUREL NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
200003123212-5  
-02/03/00--01102--020  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
GROODY, ROBERT E  
3000 LEADENHALL RD.  
MT LAUREL NJ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
MCMAHON, BRIEN J  
3000 LEADENHALL RD.  
MT LAUREL NJ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
HUNT, GERGORY  
6 SYLVAN WAY  
PARSIPPANY NJ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
BECKER, ROBERT M  
6 SYLVAN WAY  
PARSIPPANY NJ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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 REQUIRED**  
Robert E. Groody, Mgr.

1-19-00

856-917-6822

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

Date

Daytime Phone #