

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15040

1. Entity Name

MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA

Principal Place of Business

1133 W. MORSE BLVD., #201
WINTER PARK FL 32789

Mailing Address

1133 W. MORSE BLVD., #201
WINTER PARK FL 32789-3743

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

59-2686055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROW-SEGAL, PAT
1133 W MORSE BLVD., #201
WINTER PARK FL 32789

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PED ☐ Delete
NAME GINN, DAVID
STREET ADDRESS 10459 SYLVAN LANE W
CITY-ST-ZIP JACKSONVILLE FL 33357

TITLE PPD ☒ Change ☐ Addition
NAME GINN, DAVID
STREET ADDRESS 10459 SYLVAN LANE W.
CITY-ST-ZIP JACKSONVILLE, FL 33547

TITLE VPD ☐ Delete
NAME ROBBINS, ALAN
STREET ADDRESS 1390 S DIXIE HWY
CITY-ST-ZIP CORAL GABLES FL 33431

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

TITLE PD ☐ Delete
NAME SCHWARTZ, DARRELL
STREET ADDRESS 2255 GLADES RD #140W
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE STD ☐ Delete
NAME HOLMAN-MOHR, KRISTINA
STREET ADDRESS 1495 MARKET ST #B
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VPD ☒ Change ☐ Addition
NAME HOLMAN-MOHR, KRISTINA
STREET ADDRESS 1495 MARKET STREET, #B
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/TD ☐ Change ☒ Addition
NAME SMITHMAN, JOHN
STREET ADDRESS 1605 MAIN STREET, #501
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Smithman

4/28/00

941-952-2888

Date

Daytime Phone #

CR2E037 (9/99)