

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0011617

DOCUMENT # N15040

1. Entity Name

MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA, INC.

04-11-2002 90686 024 ****61.25

Principal Place of Business

Mailing Address

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MCMANAMON, JOHN
12223 CARLSBAD LANE
JACKSONVILLE FL 32223** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
Bennett, Ross
1180 Spring Centre South, #223
Altamonte Springs, FL 32714** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBBINS, ALAN
9350 S. DIXIE HWY.
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PPD
Robbins, Alan
9350 S. Dixie Highway
Miami, FL 33156** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PPD
SCHWARTZ, DARRELL
500 W. CYPRESS CREEK RD., #190
FORT LAUDERDALE FL 33309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Freeman, Pauldie Ann
903 20th Avenue W.
Palmetto, FL 34221** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Holmen-Mohr, Kristina
285 Starmount Drive
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SMITHMAN, JOHN
1605 MAIN ST #501
SARASOTA FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Castellanos, Ray
9425 Sunset Drive, #233
Miami, FL 33173** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Kristina S. Holmen-Mohr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-02 850-566-0974
Date Daytime Phone #

CR2E037 (9/01)