

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19952

1. Entity Name

FLORIDA ASSOCIATION OF MORTGAGE BROKERS - PALM B
EACHES CHAPTER, INC.

Principal Place of Business

Mailing Address

7725 84TH CT N
LOXAHATCHEE FL 33470
US

PO BOX 6477
TALLAHASSEE FL 32314-6477
US

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

WONDELL-SMITH, KAREN
1292 CEDAR CENTER DR
TALLAHASSEE FL 32301

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 VPD
NAME MCKANSKI, JOLEEN
STREET ADDRESS 600 W HILLSBORO BLVD #515
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE PD
NAME MCKANSKI, JOLEEN ☒ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIP

TITLE PD
NAME VAUHN, NANCY
STREET ADDRESS PO BOX 19352
CITY-ST-ZIP W.P.B. FL 33416-9352 ☐ Delete

TITLE D
NAME VAUGHN, NANCY ☒ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MALCHOW, GAIL
STREET ADDRESS 2019 20TH LANE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE VPD
NAME MALCHOW, GAIL ☒ Change ☐ Addition
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MACGUIRE, DIANE
STREET ADDRESS 8198 JAG ROAD, #101
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE D
NAME MAGUIRE, DIANE ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE M
NAME ROGERS, KELLY
STREET ADDRESS 17725 84TH CT N
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90075 015 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0079632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E037 (9/01)