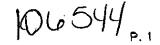
2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUS	INESS REPU	-	<u> </u>	٦		FIL	ED		
DOCUMENT # N9500005207						Jul 07, 2000 8:00 an Secretary of State				
JUPITER	CHRISTIAN SCHOOL FOUN	IDATION, INC.			_		etary 2000 9022			
Principal Place	e of Business	Mailing Address			[
1300 MOHAWK ST JUPITER FL 33450		1300 Mohawk St Jupiter FL 3345 8 5684								
			_							
2. Principal Place of Business		3. Malling Address				, , , , , , , , , , , , , , , , , , ,		7 67114	(f) (0.6 1 (0.0)	
Suite, Apt. 4, alc.		Suile, Apt. N, atc.			<u> </u>	DO NOT WRI	TE IN THIS S			
City & State		City & State			4, FEI Numbe	65-0618524 Not App icable				
ZIP	Country	Zip	Cou	ntry	5. Certificato	of Statue Desired		8.75 Addi		
	B. Name and Address of Curren	Registered Agent			7. Name and	Address of New F	legistered Ag	jem		
	The second secon			Name			<u> </u>			
MILLER, DONALD W ESO			i	Şireei Addiosi	(P.O. Box Number	is Not Acceptable	9)			
8774 WAT	ner oak place	֥		· ———		п 				
} '-	A FL 33469	• ,		City				FL Zip Code		
8 The phone	named entity aubmits this statement (or the purpose of changing lts	registere	d office or regist	tered agent, or both	, in the state of Fig	orda.			
G. THU BLACKS	CONTRACTOR OF THE PROPERTY OF	. ,			,	,			\	
SIGNATURE .					<u> </u>	<u> </u>	DATE	<u> </u>		
SIGNATURE .	Bignature, typed or printed reme at registered eger	g erel use if applicable. (NOI	E. Registers	d Agent Highsture regul	(46 ayan tagaggya)		- Garie			
		8. Election Campaign	a Financii	na \$ F	,00 May 8e	Mak	Ka Chack i ^s	ayable to	. }	
' I	FILE NOW: FEE IS \$61.25	Truel Fund Contrib			led to Fees	De	Inemiraq	of State	Į.	
		PECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	
10.	OFFICERS AND D	Delete	11714	D1	RECTOR !			Cherge	☑ Addillion	
ritle Name	REED, WILLIAM E		NAM		TER V. DE				. [
STARET ADDRESS	202 OLD DIXIE HWY			ET ADDAESS 6	SPITEROD FI	AKE ₃₃ 458D	· -		☑ Addition	
CTY-ST-ZP	LAKE PARK FL.	☐ Oafute	tiru					Charge	☐ Addition	
TITLE NAME	EVE, TERRY		HAM	- I	1				ļ	
STREET ADDRESS	108 STONEBRIAR BLVD			ET ADDRESS -ST-RP		1	<u></u>			
CITY-ST-ZIP	JUPITER FL DP	Delete	TITL					C) Change	(Applition	
NAME	SHEARARD, JOHN E	- Priore	NAM	4			. •		}	
STREET ADDRESS	2983 SW PAL, BROOK CT	-		ET ANORESS	•					
RITLE	PALM CITY FL 34990	☐ Dalete	TITU				, <u></u>	[] Change	☐ Applition	
NAME		•	NAM	ET ADDRESS	2	*				
STREET ADDRESS CITY-SI-ZIP				- 17.7P						
Mre		☐ Delete	TITL			-		Change	Addition	
NAME	}		MAM	E TADORESS	7	:				
STREET ADDRESS '	}			-87-2P						
TITLE		☐ Deleta	IITU	j		1		Change	Applition	
HAME	{		NAM Stri	E (ET ADDRESS		į			}	
STAEET ACOMESS GITY-ST-ZIP	į		CITY	- ST - 7/P						
1 WILL WILLIAM	dertify that the information supplied w	th this liting does not quality h	or the exe	imption stated in	Section 119.07(3)(l), Florida Statutes Las il mude under	I further cell cath; that I i	lly that the in m an officer	or director	
12. I nereby	on this report of supplemental foogs!	partrue entre eccurate and that howered to exercite this tabor	t 83 tedn	red by Chapter (517, Florida Statute	a! and that wh usu	ne appoara in Í	BIOCK TO OF	FOR ITH	
12. I nereby indicated of the cor	rooration of the roceiver of trustee en	with all never like emeaners	1 .				1		1	
12. I nereby indicated of the cor changed	dertify that the information supplied we con this report or supplier of all receivers trusted for on an attachment with an attachment with an attachment with an attachment.	, with all other like empowers	1. →, ;— ,—.		,	4220) Ce	71) 74	12-780	
12. I nereby indicated of the core changed	THE STATE	, with all over like empowers:	<u> </u>			427-ac	2 (5	31) 74	75-7800	





OFFICE OF THE COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE STATE OF FLORIDA TALLAHASSEE 32399-0350

FUNE 15, 2000

SECURITY CAPITAL OF SOUTHWEST FLORIDA INC P O BOX 110448 NAPLES, FL 341013046

BUSINESS AUDIT NO: ML 0000003 AUTHORIZATION NO: 030607 BUSINESS FEIN: 593637992

QUARTERLY REPORT FILING REQUIREMENTS CHAPTER 494, FLORIDA STATUTES

Thank you for filing your first Quarterly Report timely and electronically. As a reminder, the Division is furnishing information to facilitate the second quarter filing process. This will be our last mailing to remind you of the deadlines noted on the bottom of this sheet. The enclosures include:

Errors to Avoid in Filing a Quarterly Report

Please carefully review the Common Errors share to all in order to correct any error(s) you may have made in your first filing.

At the top of this Notice is your Authorization Number. Use the authorization number to update your business and branch office licensing information through the Internet and to file your next quarterly report electronically. This is a unique identification number assigned to your business - it is important to keep this number confidential and to save it for future use. To file electronically, visit our website at

https://ssl.dbf.state_fl.us/cf/lic/mbqr/login.cfm and login to the system using your FEIN and your authorization number. To use other services available through the website, such as a viewing and printing a lawbook or obtaining compliance information, use the website address: www.dbf.state.fl.us/licensing/MBlist.html and follow the links.

The Quarterly Report List of Reported Persons requires you to identify the Branch Number corresponding to each person's office of employment address. The primary (main) office branch number is always 000. For all other locations, the three-digit Branch Number can be found in your branch office licensing information on the Internet website. After you login, select View Branch List to see a list of locations currently licensed with your firm.

The following chart shows all the deadlines for each quarter in the year 2000:

Oparters in Year 2000	Filing Deadline				
Jan 1 - March 31	Monday, May 1, 2000				
April 1 - June 30	Monday, July 31, 2000				
July 1 - Sept 30	Monday, Oct 30, 2000				
Oct 1 - Dec 31	Tuesday 71- 70 2001				

CHAPTER 494 QUARTERLY REPORTS Most Common Errors Identified by the Department

1. Filing a first quarter "zero report" in error.

No Mortgage Brokerage Business should file their initial report indicating they have zero persons to report since all Mortgage Brokerage Businesses must have at least one associate, the principal broker. Remedy this on your current quarter report by listing every person as an "associate", including the principal broker and owners, who are licensed mortgage brokers associated with the business. Do this without checking the box marked "zero report".

If your business is a licensed lender, you must have at least one loan originator. The only exception is a licensed lender who is only servicing mortgage loans and not originating them. To correct an erroneous "zero report", go to the website and submit your report for the current quarter. Do not check the box marked "zero report". Proceed with listing all your loan originators.

2. Incorrectly identifying a person as an associate or a loan originator.

Mortgage Broker Businesses can have no "loan originators". All licensed mortgage brokers affiliated with the business must be reported as "associates". Make any corrections on your current quarter report.

Lenders only have an "associate" to report when a licensed mortgage broker is affiliated with them as an independent contractor. Any licensed mortgage broker who is a bona-fide employee of a lender should be listed as a "loan originator". Make any corrections on your current quarter report.

3. Deleting a person's record in error.

The DELETE button on the website is for one purpose only: if you make a mistake in a person's Social Security Number you must delete the record and re-enter it with the correct SSN. Do not use the DELETE for any other purpose. To report that a person is no longer employed, simply update the person's record with the remination date. If you have already deleted a person in error, add the person's record again.

4. Submission of incomplete data.

This was our most common error for those who submitted paper reports. Remedy this by entering all the required data on the current quarterly report including:

Date of Birth, Resident Address (if a loan originator) and Audit Number (if an associate). Hire Date, Branch Number, and identify whether the reported person is an Associate or a Loan Originator.

Other Questions??? Contact us via e-mail: Electronic_Licensing@mail.dbf.state.fl.us

Or telephone: 850-410-9805

RICHARD B. COMITER Fax:6593800

Received: 6/29/00 11:10;

Jun 29 '00 11:00 P.03

6593800 -> HIXSON MARIN POWELL DESAUCTIS;