

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004925

1. Entity Name

JACKSONVILLE AFFORDABLE MORTGAGES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90107 033 ****70.00

Principal Place of Business

Mailing Address

4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207-4954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411330

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ETTLINGER, CAROLYN W
4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

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 SD ☒ Delete
NAME RAINNIE, WARD W
STREET ADDRESS 76 SOUTH LAURA STREET, SUITE 500
CITY-ST-ZIP JACKSONVILLE FL 32202

T/D ☒ Change ☐ Addition
NAME Thomas Lemmon
STREET ADDRESS 9000 Southside Blvd., FL 9-700-02-01
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☒ Delete
NAME CLEVELAND, HOLLY
STREET ADDRESS 225 WATER ST FL 0490
CITY-ST-ZIP JACKSONVILLE FL 32202

S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME DINAH, LOUIS
STREET ADDRESS 1711 MCMILLAN STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

VP/D ☒ Change ☐ Addition
NAME Doug Brown
STREET ADDRESS 50 N. Laura St., 9th FL, FL 9-001-09-03
CITY-ST-ZIP Jacksonville FL 32202-3638

TITLE ☒ Delete
NAME ETTLINGER, CAROLYN W
STREET ADDRESS 4401 EMERSON STREET, SUITE 1
CITY-ST-ZIP JACKSONVILLE FL 32207

P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME Nelson Black
STREET ADDRESS 225 Water St, 8th FL
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)