

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000297

1. Entity Name

OPENCLOSE.COM, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90482 017 \*\*\*150.00

Principal Place of Business

Mailing Address

8751 BROWARD BLVD., FIFTH FLOOR  
 PLANTATION FL 33324

8751 BROWARD BLVD., FIFTH FLOOR  
 PLANTATION FL 33324

2. Principal Place of Business

1643 North Harrison Parkway

3. Mailing Address

1643 North Harrison Parkway

Suite, Apt. #, etc.

c/o Mortgage.com, Inc.

Suite, Apt. #, etc.

c/o Mortgage.com, Inc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0978572

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

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

WERNER, SETH

8751 BROWARD BLVD., FIFTH FLOOR  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

1643 North Harrison Parkway

City

Sunrise

FL

Zip Code

33323

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **WERNER, SETH**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1643 North Harrison Parkway**  
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **D** ☒ Delete  
 NAME **LARSON, DAVID**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☒ Addition  
 NAME **P/D**  
 STREET ADDRESS **Barbara Rambo**  
 CITY-ST-ZIP **1643 North Harrison Parkway**  
**Sunrise, FL 33323**

TITLE **D** ☒ Delete  
 NAME **HOGAN, JOHN**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **C. Toms Newby**  
 CITY-ST-ZIP **1643 North Harrison Parkway**  
**Sunrise, FL 33323**

TITLE **D** ☒ Delete  
 NAME **NADDAFF, GEORGE**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **D** ☐ Delete  
 NAME **GREEN, STEPHEN**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1643 North Harrison Parkway**  
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **D** ☐ Delete  
 NAME **LEEN, MICHAEL**  
 STREET ADDRESS **8751 BROWARD BLVD., FIFTH FLOOR**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☒ Change ☐ Addition  
 NAME **Lee, Michael**  
 STREET ADDRESS **1643 North Harrison Parkway**  
 CITY-ST-ZIP **Sunrise, FL 33323**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Seth Werner

4/14/00

(954) 838-5000

Date

Daytime Phone #

CR2E034 (9/99)