FILED Apr 06, 2001 8:00 am Secretary of State

04-06-2001 90031 048 \*\*\*158.75

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P0000051462

HOMEFREE MORTGAGE CORPORATION

					_					
Principal Pla	ce of Business	Mailing Address			]					
701 TALLAHASSEE DRIVE NORTHEAST 701 TALLAHASSEE DRIVE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 3370			- · · · · · · · · · · · · · · · · · · ·		00032303					
	• 4					1 18 <b>4</b> 119 <b>4</b> 1 111 <b>11</b> 111 <b>11</b> 111 <b>11</b> 111 <b>11</b> 111 <b>11</b> 111		 		
2. Principal Place of Business 3. Mailing Address Ulmar 3696 Ulmer Ton RD 3696 Ulmar				Rd.						
Suite, Apt	#, etc.	, Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	15 t	_
City & Sta	CARWATER FL	Clear WATER FL		<b>4.</b> F	597365003	36	<b>├</b>	oplied For ot Applicable	}	
337	62 Country USA	<sup>zip</sup> 33762	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					
		- 1 1 1 44	Nam	พื้นพ	F.	D. SCHNEID	erHA	J		-
CORPORATION SERVICE COMPANY 1201 HAYS STREET					ss (P.O. Box Number is Not Acceptable)  6					
TAL	LAHASSEE FL 32301-2525									1
				Clea	KWF	FTER	FL	Zip Cod	762	1
8. The above	e named entity submits this statement for	the purpose of changing its	registered offic	or registere	ed age	ent, or both, in the State of Flo	orida.			1
SIGNATURE	Signature, types of printed name of registered agent a		VAYNE 3			EIDERHAN Instating)	DATE	1/4	00	
Tax filing requirement and elects to do so. After MAY 1, 2001			1 Fee will be	FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Fir Trust Fund Contributio			<b>0</b> May Be I to Fees	
11.	OFFICERS AND DIRECTORS				ADE	OITIONS/CHANGES TO OFF	ICERS ANI	DIRECTOR	3 IN 11	1_
TITLE	D	☐ Delete	TITLE			- · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	{ { { { { { { { { { { { }}}}}}}
NAME	SCHNEIDERHAN, WAYNE D									15
STREET ADDRESS	, ,			SS						3 5
CITY-ST-ZIP	ST. PETERSBURG FL 33702	<del></del>	CITY-ST-ZIP	<del>-  </del>						1 6
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	8						{
UII 1 - 31 - ZIF										1
TITLE		□ Delete	TITLE					Change	☐ Addition	ł

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

☐ Addition