

DOCUMENT # P00000057701

1. Entity Name  
UNION PLANTER'S MORTGAGE CORP.

Principal Place of Business Mailing Address  
7799 SPRINGFIELD LAKE DRIVE 7799 SPRINGFIELD LAKE DRIVE  
LAKE WORTH FL 33467 LAKE WORTH FL 33467

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
Jan 08, 2001 8:00 am  
Secretary of State  
01-08-2001 90063 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
Not Applicable

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

PAPAS, NICK  
7799 SPRINGFIELD LAKE DRIVE  
LAKE WORTH FL 33467

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 \_\_\_\_\_ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D PAPAS, NICK 7799 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467	<input type="checkbox"/>	V Nick Papas 7799 Springfield Lake Dr Lake Worth FL 33467	<input checked="" type="checkbox"/>
D PAPAS, CHRISTINA 7799 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467	<input type="checkbox"/>	P Christina Papas 7799 Springfield Lake Dr Lake Worth FL 33467	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	T Richard Pollock 7799 Springfield Lake Dr Lake Worth FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nick Papas Nick Papas V Date: 1-2-01 Daytime Phone #: 561-489-6294

CR2E034 (10/00)