

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 23 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000078451

1. Entity Name
OCWEN ADVISORS, INC.



Principal Place of Business
1675 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401

Mailing Address
1675 PALM BEACH LAKES BOULEVARD
ATTN: JOHN ERBEY
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1033643

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

ERBEY, JOHN R
1675 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO
NAME ERBEY, WILLIAM C
STREET ADDRESS 1675 PALM BEACH LAKES BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300010423473
01/22/03--01075--014 **150.00

TITLE P
NAME FARIS, RONALD M
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE S
NAME ERBEY, JOHN R
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE SVP
NAME BARNES, JOHN R
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE V
NAME MARK J. NICHOLS
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE VT
NAME CZOCHABSKI, THOMAS J
STREET ADDRESS 1675 PALM BEACH LAKE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE VT
NAME ANDREW G. DOKOS
STREET ADDRESS 1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE SVP
NAME SHEPRO, WILLIAM B
STREET ADDRESS 1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

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 607, 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: *Mark J. Nichols* **SIGNATURE REQUIRED** NICHOLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-682-8000

Daytime Phone #

CR2E034 (10/02)

037613 AV