

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90032 033 ***150.00

DOCUMENT # P00000081357

1. Entity Name
ISLAND CAPITAL MORTGAGE, INC.

Principal Place of Business Mailing Address
1177 GEORGE BUSH BLVD 1177 GEORGE BUSH BLVD
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

2. Principal Place of Business 3. Mailing Address
515 N. Flagler Drive 515 N. Flagler Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #300 P Suite 300 P
City & State City & State
West Palm Beach, FL West Palm Beach, FL
Zip Zip
33401 33401
Country Country
USA USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1037376 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
LOCHMAIER, MERRILL
1177 GEORGE BUSH BLVD
DELRAY BEACH FL 33483
Name Merrill Lochmaier
Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive Suite 300P
City West Palm Beach FL Zip Code 33401

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 MERRILL C. LOCHMAIER, Pres 1-29-01
(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		
TITLE	DPVS	<input type="checkbox"/> Delete	TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHMAIER, MERRILL		NAME	LOCHMAIER, MERRILL	
STREET ADDRESS	5175 S HWY A1A		STREET ADDRESS	5175 S. Hwy A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPAGNO, JAMES G		NAME	JEFFREY C. SMITH	
STREET ADDRESS	6711 YELLOWSTONE LANE		STREET ADDRESS	23288 S.W. 57TH AVE #103	
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNAN, WILLIAM S		NAME		
STREET ADDRESS	3018 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM FL 33483		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELY, RANDOLPH T		NAME		
STREET ADDRESS	3311 POLO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM FL 33483		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHMAIER, MERRILL		NAME		
STREET ADDRESS	5175 S HWY A1A		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: MERRILL C. LOCHMAIER, 1-29-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 954-270-0090

CR2E034 (10/00)