

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098759

1. Entity Name:
FLAGSHIP MORTGAGE BANC, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90116 041 ***150.00

Principal Place of Business
205 W.C. OWEN AVE
CLEWISTON FL 33440

Mailing Address
205 W.C. OWEN AVE
CLEWISTON FL 33440

2. Principal Place of Business
205 S. W.C. Owen
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1779
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-1063034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.
1501 PARK AVE E
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,C Christopher H. Shupe 205 S. W.C. Owen Clewiston, FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Jack A. Buell 205 S. W.C. Owen Clewiston, FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SVP Linda Knowlton 205 S. W.C. Owen Clewiston, FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S,T Mark Deitz 205 S. W.C. Owen Clewiston, FL 33440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Jack A. Buell Jack A. Buell, President 4/25/01 863-983-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000400

CR2E034 (10/00)