

## 2001 UNIFORM BUSINESS REPORT (UBR)

4/3/01-90073-035-\$150.00-\$150.00

DOCUMENT # P00000112073

## 1. Entity Name

MORTGAGE BANC CORP. OF CENTRAL FLORIDA

FILED

01 APR 20 AM 10:15

001603

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
2035 W DEERTRAIL LN  
LECANTO FL 34461

## Mailing Address

2035 W DEERTRAIL LN  
LECANTO FL 34461

## 2. Principal Place of Business

## 3. Mailing Address

4005 N. LECANTO Hwy

4005 N. LECANTO Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

## City &amp; State

## City &amp; State

BEVERLY HILLS, FL

BEVERLY HILLS, FL

34465

34465

Citrus

Citrus

## 6. Name and Address of Current Registered Agent

## Name

LAJEUNESSE-HALL, MARIE

2035 W DEERTRAIL LN

LECANTO FL 34461

Street Address (P.O. Box Number is Not Acceptable)

## City

FL Zip Code

4. FEI Number

Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 7. Name and Address of New Registered Agent

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: *marie lajeunesse-hall* *Kim R. Hall*

4-2-01

Signature

(Signature, typed or printed name of registered agent and title if applicable.)

(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 State10. 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

CR2034 (10/00)

TITLE: DP  Delete  
NAME: HALL, KIM R  
STREET ADDRESS: 2035 W DEERTRAIL LN  
CITY-ST-ZIP: LECANTO FL 34461TITLE: KEVIN CUNNINGHAM  Change  Addition  
NAME: VICE PRESIDENT  
STREET ADDRESS: 2129 N. RESTON TERRACE  
CITY-ST-ZIP: HERNANDO, FLTITLE: DV  Delete  
NAME: HALL-LAJEUNESS, MARIE E  
STREET ADDRESS: 2035 W DEERTRAIL LN  
CITY-ST-ZIP: LECANTO FL 34461TITLE: KAREN CUNNINGHAM  Change  Addition  
NAME: SECRETARY / TREASURER  
STREET ADDRESS: 2129 N. RESTON TERRACE  
CITY-ST-ZIP: HERNANDO, FLTITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
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CITY-ST-ZIP:  DeleteTITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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: *marie lajeunesse-hall* *marie lajeunesse-hall* *352*  
Signature: *n. 721* *Kim R. Hall* *4-2-01* *746-6652*

Signature and Typed or Printed Name of Signing Officer or Director

Date: *4/12/01* Daytime Phone #: *746-6652*