

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112073

1. Entity Name

MORTGAGE BANC CORP. OF CENTRAL FLORIDA

FILED

01 APR 20 AM 10:15

Principal Place of Business

Mailing Address

2035 W DEERTRIAL LN
LECANTO FL 344612035 W DEERTRIAL LN
LECANTO FL 34461SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

4065 N. LECANTO HWY

4065 N. LECANTO HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

BEVERLY HILLS, FL

BEVERLY HILLS, FL

Zip

Zip

34465

34465

Country

Country

CITRUS

CITRUS

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1073977

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

LAJEUNESSE-HALL, MARIE
2035 W DEERTRIAL LN
LECANTO FL 34461

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.

MARIE LAJEUNESSE-HALL MARIE LAJEUNESSE

4-2-01

SIGNATURE Kim R. Hall

4-2-01

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 State

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

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeleteDP
HALL, KIM R
2035 W DEERTRIAL LN
LECANTO FL 34461TITLE NAME ☐ DeleteDV
HALL-LAJEUNESSE, MARIE E
2035 W DEERTRIAL LN
LECANTO FL 34461TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ AdditionKEVIN CUNNINGHAM
VICE PRESIDENT
2709 N. RESTON TERRACE
HERNANDO, FLTITLE NAME ☐ Change ☒ AdditionKAREN CUNNINGHAM
SECRETARY / TREASURER
2709 N. RESTON TERRACE
HERNANDO, FLTITLE NAME ☐ 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.

MARIE LAJEUNESSE-HALL

SIGNATURE: Kim R. Hall

4-2-01

746-6652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

4/2/01