

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90011 032 ***150.00

DOCUMENT # P00000115653

1. Entity Name

INTERLACHEN MORTGAGE, INC.

Principal Place of Business

Mailing Address

**27 E YALE ST
 ORLANDO FL 32804**

**27 E YALE ST
 ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686877

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

**HOSKINS, DANIEL N
 27 E YALE ST
 ORLANDO FL 32804**

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

[Signature] **Same**

5/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOSKINS, DANIEL N**
 CITY-ST-ZIP **27 E YALE ST
 ORLANDO FL 32804**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01
 Date

(407) 539-1600
 Daytime Phone #

CR2E034 (10/00)

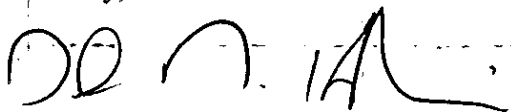
Attachment
845369
PO00000115653

Uniform Business Report
Division of Corporations
P.O. box 1500
Tallahassee, FL 32302-1500

Enclosed is a check in the amount of \$150.00 for the filing of Interlachen Mortgage's 2001 Uniform Business Report. Unfortunately, the payment is two weeks late. This is due to the fact that my processor went on maternity leave approximately four weeks ago. It took me until May 14, 2001 to catch up on most of the work left behind. In doing so I found the Uniform Business Report and realized it needed to be filed. With Interlachen being a new business, I was unaware of the necessity to have this form filed by the 1st of May. I realize that this is no way to conduct business, but I hope that you can understand how this mistake happened. I am asking that on a one-time basis that you will waive the \$400 late fee. This mistake will not happen again.

Thank you in advance, for your cooperation in this matter.

Sincerely,



Daniel Nathan Hoskins
President