

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000117117**1. Entity Name
RIVERBANKS MORTGAGE CORPORATION**Principal Place of Business**

8220 WINDSOR RIDGE RD.

ORLANDO
32835

FL

Mailing Address

8220 WINDSOR RIDGE RD.

ORLANDO
32835

FL

2. Principal Place of Business
12319 S ORANGE BLOSSOM TRAIL3. Mailing Address
12319 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

FL

City & State
ORLANDO

FL

Zip
32837

Country

Zip
32837

Country

4. FEI Number
65-1064759

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****RIVERA JAYSON**
8035 N. MADEIRA CT.ORLANDO
32836

FL

7. Name and Address of New Registered Agent

Name

RIVERA VICTOR AStreet Address (P.O. Box Number is Not Acceptable)
8220 WINDSOR RIDGE RDCity
ORLANDO

FL

Zip Code
32835

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 **VICTOR A RIVERA****08/08/2001**

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | SECR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAUS MINNIE | |
| STREET ADDRESS | 2229 LAUREL PINE LANE | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | TREA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAUS MICKEY | |
| STREET ADDRESS | 2229 LAUREL PINE LANE | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | VICE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RIVERA VICTOR A | |
| STREET ADDRESS | 8220 WINDSOR RIDGE RD | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DE LA CRUZ SONIA | |
| STREET ADDRESS | 8220 WINDSOR RIDGE RD | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: MICKEY BAUS**TREA 08/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)