

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00252

1. Entity Name

FAIRFIELD MORTGAGE CORPORATION

Principal Place of Business

8669 COMMODITY CIRCLE  
SUITE 300  
ORLANDO FL 32819

Mailing Address

% FAIRFIELD COMMUNITIES, INC.  
8669 COMMODITY CIRCLE, SUITE 300  
ORLANDO FL 32819

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

71-0450393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUMENY, MARCEL J  
% FAIRFIELD COMMUNITIES, INC.  
8669 COMMODITY CIRCLE, SUITE 200  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

CHANGE OF REGISTERED  
AGENT WAS FILED

SIGNATURE

12-29-00

Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HOWETH, ROBERT W.  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
DUMENY, MARCEL J  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BERK, JAMES G  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BENNETT, WILLIAM J.  
11001 EXECUTIVE CENTER DRIVE  
LITTLE ROCK AR 72211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
WALTON, ANNA L  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
SUITE 300

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
SUITE 300

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
SUITE 300

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
SUITE 300

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WILLIAM J. BENNETT*

1-11-01

501-228-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)