

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90507 024 ***150.00

0092754 AV

DOCUMENT # P01000022104

1. Entity Name
FIRST CAPITAL MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD FL 32779

Mailing Address
505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD FL 32779



2. Principal Place of Business
320 W. Sabal Place

3. Mailing Address
320 W. Sabal Palm Place

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

☐ CHECK HERE IF MAKING CHANGES

City & State
Longwood, Florida

City & State
Longwood, Florida

4. FEI Number
59-3709778

Applied For
☐ Not Applicable

Zip
32779

Country

Zip
32779

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR
505 WEKIVA SPRINGS RD., SUITE 800
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
Philip F. Keidaish, Jr.
Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place, Suite 200
City Longwood **FL** **Zip Code** 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEIDAISH, PHILIP F JR 505 WEKIVA SPRINGS RD. SUITE 800 LONGWOOD FL 32779 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRISON, RODRAN 505 WEKIVA SPRINGS RD. SUITE 800 LONGWOOD FL 32779 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 W. Sabal Palm Place Suite 200 Longwood, Florida 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 W. Sabal Palm Place, Suite 100 Longwood, Florida 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

407 682-7711

Daytime Phone #

CR2E034 (10/02)