

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042440

1. Entity Name  
MONARCH MORTGAGE FUNDING, INC.

Principal Place of Business  
10622 CYPRESSWOOD DR. WEST  
JACKSONVILLE FL 32257

Mailing Address  
10622 CYPRESSWOOD DR. WEST  
JACKSONVILLE FL 32257

2. Principal Place of Business  
2019 Barton Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
2019 Barton Avenue  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL  
Zip  
32207  
Country  
U.S.

City & State  
Jacksonville, FL  
Zip  
32207  
Country  
U.S.

4. FEI Number  
59-3714868

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PLEIMAN, THOMAS C JR.  
9471 BAYMEADOWS RD., STE. 308  
JACKSONVILLE FL 32256

## 7. Name and Address of New Registered Agent

Name  
Tamera K. Kinsman  
Street Address (P.O. Box Number is Not Acceptable)  
10622 Cypresswood Dr. W  
City  
Jacksonville FL Zip Code  
32257

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 Tamera K Kinsman DATE 1/5/02  
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, 2002 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. President OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Heidi L. Weppelman  
2932 Clairborn  
Jacksonville, FL 32223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Tamera K Kinsman  
10622 Cypresswood Dr. W  
Jacksonville, FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

SIGNATURE: Tamera K Kinsman DATE 1/5/02 904-396-1363  
Signature and typed or printed name of signing officer or director

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90015 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)