

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90629 043 ***150.00

DOCUMENT # P01000063878

1. Entity Name

BAYVIEW HOME MORTGAGE CORP.

Principal Place of Business

**41264 US HWY 19 NORTH
 TARPON SPRINGS FL 34689**

Mailing Address

**41264 US HWY 19 NORTH
 TARPON SPRINGS FL 34689**

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

59-3728940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LYONS, GARY W
 311 S MISSOURI AVE
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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, 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, 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. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PIPES, DOUGLAS M**
 STREET ADDRESS **3074 HILLSIDE LANE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ Delete
 NAME **MILLS, BUELL B**
 STREET ADDRESS **435 MEADOW LARK LANE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **ALYSON A. PIPES**
 STREET ADDRESS **3074 HILLSIDE LANE**
 CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **SANDRA G. RICHARDS**
 STREET ADDRESS **3065 SUNSET BLVD**
 CITY-ST-ZIP **BELLER BLUFFS, FL 33770**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **DOUGLAS M. PIPES**
 STREET ADDRESS **3074 HILLSIDE LN**
 CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

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

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

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 other like empowered.

SIGNATURE:

DOUGLAS M. PIPES

04-23-02 727-938-4879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)