

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91509 001 \*\*\*150.00  
 03-29-2002 91509 002 \*\*\*\*\*8.75

0075602 AV

**DOCUMENT # P01000077324**

**1. Entity Name**  
**HOME & LOAN GROUP CORP.**

**Principal Place of Business**

**Mailing Address**

**254 OAK PARK PLACE  
 CASSELBERRY FL 32707**

**P O BOX 300991  
 FERN PARK FL 32730**

**2. Principal Place of Business**

**851 E. STATE Rd 434**

Suite, Apt. #, etc.

**LONGWOOD, FLORIDA**

City & State

**3. Mailing Address**

**P. O Box 300991**

Suite, Apt. #, etc.

**FERN PARK, FL**

City & State



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3746932**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
 Fee Required**

Zip

Country

**32750**

Zip

Country

**32730**

**SEMINOLE**

**6. Name and Address of Current Registered Agent**

**GOMEZ, EVANGELINE M  
 254 OAK PARK PLACE  
 CASSELBERRY FL 32707**

**7. Name and Address of New Registered Agent**

Name

**GOMEZ EVANGELINE M.**

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

**141 BRIDLEWOOD LN**

**LONGWOOD**

City

**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.**

**SIGNATURE: Evangelina M. Gomez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-13-02**

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 P**  
**NAME GOMEZ, EVANGELINE M**  
**STREET ADDRESS 254 OAK PARK PLACE**  
**CITY-ST-ZIP CASSELBERRY FL 32707**

☐ Delete

**TITLE V**  
**NAME ARENA, ALEXANDRA M**  
**STREET ADDRESS 254 OAK PARK PLACE**  
**CITY-ST-ZIP CASSELBERRY FL 32707**

☐ 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 PRESIDENT**  
**NAME GOMEZ EVANGELINE M**  
**STREET ADDRESS 141 BRIDLEWOOD LN**  
**CITY-ST-ZIP LONGWOOD, FL 32779**

☒ Change

☐ Addition

**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

**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: Evangelina M. Gomez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-02**

Date

Daytime Phone #

**(407) 339-5157**

CR2E034 (9/01)