

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90284 048 \*\*\*150.00

DOCUMENT # P01000119233

1. Entity Name

FIRST UNITED MORTGAGE CORP.



**DO NOT WRITE IN THIS SPACE**

**90066303**

2. Principal Place of Business

201 EAST PINE STREET

3. Mailing Address

717 EAST OAK STREET

Suite, Apt. #, etc.

SUITE 315

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

KISSIMEE, FL

4. FEI Number

59-3761069

Applied For

Not Applicable

Zip

32801

Country

Zip

34744

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HARRY J. SWART, CPA

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

717 EAST OAK STREET

KISSIMEE

City

KISSIMEE, FL

FL

Zip Code  
34744

**DO NOT WRITE  
IN THIS SPACE**

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

03/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P, D

GRAEFF, GREGOR

10919 LAKESHORE DRIVE

CLERMONT, FL 34711

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S, D

DRIGGS, ALFRED W., IV

322 EAST CENTRAL BLVD., #1206

ORLANDO, FL 32801

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred W. Driggs IV

3/25/03

407-650-9905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)