

Amended

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>PO 2000058598</u>	
1. Entity Name <u>Florida Community Mortgage, Inc</u>	

FILED

03 DEC 31 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1804 Miccosukee Commons Dr</u> Suite, Apt. #, etc. <u>Suite 202</u> City & State <u>Tallahassee FLA</u> Zip <u>32308</u> Country <u>LEON</u>		3. Mailing Address <u>1804 Miccosukee Commons Dr.</u> Suite, Apt. #, etc. <u>Suite 202</u> City & State <u>Tallahassee FLA</u> Zip <u>32308</u> Country <u>LEON</u>		4. FEI Number <u>030466952</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

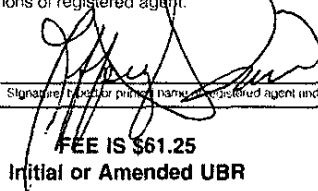
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Jeffery S. Shivers</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1804 Miccosukee Commons Dr.</u>
<u>Suite 202</u>
City <u>Tallahassee</u> FL Zip Code <u>32308</u>

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



JEFFERY SHIVERS

12/29/03

Signature of officer or principal, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Jeffery S. Shivers</u> <u>1804 Miccosukee Commons Dr.</u> <u>Tallahassee, FL 32308 Suite 202</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>Adam T. Bragg</u> <u>1804 Miccosukee Commons Dr.</u> <u>Tallahassee, FL 32308 Suite 202</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300025890723</u> <u>12/31/03--01040--007 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>Kimberly Shivers</u> <u>1804 Miccosukee Commons Dr. Suite</u> <u>Tallahassee, FL 32308 202</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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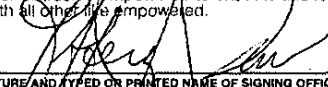
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fee empowered.

 JEFFERY SHIVERS 12/29/03 850 523 0004

CR2E037B (12/02)