

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19590

1. Entity Name

MERCANTILE MORTGAGE COMPANY

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90064 029 ***150.00

Principal Place of Business

Mailing Address

5100 W. KENNEDY BLVD
SUITE 180
TAMPA FL 33609
US

5100 W. KENNEDY BLVD
SUITE 180
TAMPA FL 33609-1859
US

LUU44722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8101 N.High St #380

3. Mailing Address

8101 N.High St. #380

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbus, Ohio

City & State

Columbus, Ohio

4. FEI Number

36-3570056

Applied For

Not Applicable

Zip

43235

Country

US

Zip

43235

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLE, MARK A
5445 MARINER STREET
SUITE 215
TAMPA FL 33609

Name

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

2706 Alt. 19 North, Suite 302

(change filed 1/31/2000 with Dept. of S

City

Palm Harbor

FL

Zip Code

34683

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME NOBLE, RONALD B.
STREET ADDRESS 684 STONEFIELD LOOP
CITY-ST-ZIP HEATHROW FL

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

TITLE CD ☐ Delete
NAME SILVEOUS, C. DANIEL
STREET ADDRESS 690 BUNTY STATION RD.
CITY-ST-ZIP DELAWARE OH

TITLE ☒ Change ☐ Addition
NAME Silveous, C. Daniel
STREET ADDRESS 3410 Olentangy River Road
CITY-ST-ZIP Delaware, Ohio 43015

TITLE VD ☐ Delete
NAME NOBLE, MARK A.
STREET ADDRESS 3733 JOHNATHON AVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
NAME Noble, Mark A.
STREET ADDRESS 1300 Playmoor Drive
CITY-ST-ZIP Palm Harbor, Florida 34683

TITLE PD ☐ Delete
NAME SILVEOUS, BRANT D.
STREET ADDRESS 3416 OLENTANGY RIVER ROAD
CITY-ST-ZIP DELAWARE OH 43015

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

TITLE ST ☐ Delete
NAME LAISURE, SHERRI K.
STREET ADDRESS 5288 MARDELA DRIVE
CITY-ST-ZIP WESTERVILLE OH 43081

TITLE ☒ Change ☐ Addition
NAME Laisure, Sherri K.
STREET ADDRESS 2091 Hayer Court
CITY-ST-ZIP Lewis Center, Ohio 43035

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

614-885-6900

Daytime Phone #