

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**  
 03-01-2000 90006 002 \*\*\*158.75

**DOCUMENT # P20795**

**1. Entity Name**  
**GENERAL MORTGAGE CORPORATION OF AMERICA**

**Principal Place of Business**

825 S.E. 47TH TERRACE  
 P.O. BOX 930  
 CAPE CORAL FL 33910

**Mailing Address**

825 S.E. 47TH TERRACE  
 P.O. BOX 930  
 CAPE CORAL FL 33910-0801

**2. Principal Place of Business**

1326 E Cape Coral Pkwy #4  
 Suite, Apt. #, etc. #4

**3. Mailing Address**

P.O. Box 100930  
 Suite, Apt. #, etc. -

City & State: Cape Coral FL  
 Zip: 33904 Country: USA

City & State: Cape Coral FL  
 Zip: 33910 Country: USA

**4. FEI Number** 65-0056898

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

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

MOUDY, KIRK D.  
 825 S.E. 47TH TERRACE  
 CAPE CORAL FL 33904

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

Name: Linda Durkin  
 Street Address (P.O. Box Number is Not Acceptable): 1326 E. Cape Coral Pkwy #4  
 City: Cape Coral FL Zip Code: 33904

**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: Linda Durkin Linda Durkin, President + Secy 2/23/00  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOUDY, KIRK D.	
STREET ADDRESS	825 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOUDY, LINDA K.	
STREET ADDRESS	825 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirk D. Moudy	
STREET ADDRESS	1326 E. Cape Coral Pkwy #4	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	President + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Durkin	
STREET ADDRESS	1326 E. Cape Coral Pkwy #4	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	Chairman & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Domènico Reali	
STREET ADDRESS	1326 E. Cape Coral Pkwy #4	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	Anna Reali Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna Reali	
STREET ADDRESS	1326 E. Cape Coral Pkwy #4	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda Durkin Linda Durkin 2/22/00 (941) 512-5949  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)