

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20795

1. Entity Name

GENERAL MORTGAGE CORPORATION OF AMERICA

Principal Place of Business

Mailing Address

1326 E CAPE CORAL PKY  
CAPE CORAL FL 33904  
US

P.O. BOX 100930  
CAPE CORAL FL 33910  
US

2. Principal Place of Business

3. Mailing Address

8191 College Pkwy #202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

City & State

City & State

Ft. Myers FL

Zip

Country

Zip

Country

33919

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURKIN, LINDA  
1326 E CAPE CORAL PKWY #4  
CAPE CORAL FL 33904

Name

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

8191 College Pkwy #202

City

Ft. Myers

State

FL

Zip Code

33919

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

FILE NOW!!! FEES \$150.00  
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	MOUDY, KIRK D.	
STREET ADDRESS	1326 E CAPE CORAL PKWY #4	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PS	<input type="checkbox"/> Delete
NAME	DURKIN, LINDA	
STREET ADDRESS	1326 E CAPE CORAL PKWY #4	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REALI, DOMENICO	
STREET ADDRESS	1326 E CAPE CORAL PKWY #4	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	REALI, ANNA	
STREET ADDRESS	1326 E CAPE CORAL PKWY #4	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8191 College Pkwy #202	
CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8191 College Pkwy #202	
CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8191 College Pkwy #202	
CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 President

Date

Daytime Phone #

4/24/01 (941) 790-5626

APPROVED  
AND  
FILED

01 JUN 27 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE