

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31226

1. Entity Name

JOHNSON & ASSOCIATES MORTGAGE CO., INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90070 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2900 CAHABA RD., SUITE 200  
BIRMINGHAM AL 35223

P.O. BOX 530607  
BIRMINGHAM AL 35253-0607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1004427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT COPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33334

Name

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

City

FL

Zip Code

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 JOHNSON, ABNER C  
STREET ADDRESS 2900 CAHABA RD., SUITE 300  
CITY-ST-ZIP BIRMINGHAM AL 35223

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

TITLE PD ☐ Delete  
NAME JOHNSON, SAMUEL C  
STREET ADDRESS 2900 CAHABA RD., SUITE 300  
CITY-ST-ZIP BIRMINGHAM AL 35223

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

TITLE VPST ☐ Delete  
NAME KNIGHT, BETTY J  
STREET ADDRESS 2900 CAHABA RD., SUITE 300  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE VP ☐ Delete  
NAME LINHOLM, KRISTA  
STREET ADDRESS 2900 CAHABA RD STE 300  
CITY-ST-ZIP BIRMINGHAM AL

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

TITLE AVP ☐ Delete  
NAME JONES, TAMI  
STREET ADDRESS 2900 CAHABA RD, SUITE 300  
CITY-ST-ZIP BIRMINGHAM AL 35223

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

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

Date

Daytime Phone #

CR2E034 (9/99)