

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P37297**

1. Entity Name

NORTH AMERICAN MORTGAGE COMPANY

Principal Place of Business

**6200 COURTNEY CAMPBELL CSY
STE 300
TAMPA FL 33607**

Mailing Address

**5100 W. LEMON ST
STE 109
TAMPA FL 33609-1108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **68-0267088**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	KOONS, FRED B	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY STE. 300	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRRO, RICHARD A	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY STE. 300	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	S	<input type="checkbox"/> Delete
NAME	KNOERZER, ELIZABETH	
STREET ADDRESS	589 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOAL, LAWRENCE J	
STREET ADDRESS	589 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, ARTHUR C	
STREET ADDRESS	589 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	D	<input type="checkbox"/> Delete
NAME	MUNOZ, CARLOS R	
STREET ADDRESS	589 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Mirro	
STREET ADDRESS	6200 Courtney Campbell Cswy, Suite 300	
CITY-ST-ZIP	Tampa, FL 33607	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judson H. Croom, Jr	
STREET ADDRESS	6200 Courtney Campbell Cswy, Suite 300	
CITY-ST-ZIP	Tampa, FL 33607	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Mirro, CEO

April 10, 2000

813-636-5501

Date

Daytime Phone #