

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035864

1. Entity Name

ACCESS MORTGAGE CORPORATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90248 029 ***150.00

704322



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

425 W. HOLLYWOOD BLVD
SUITE D
MARY ESTHER FL 32569

P.O. BOX 189
MARY ESTHER FL 32569-0189

2. Principal Place of Business

3. Mailing Address

11 Racetrack Rd NE

11 Racetrack Rd NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

G

G

City & State

City & State

Fort Walton Bch, FL

Fort Walton Bch, FL

Zip

Country

Zip

Country

32547

Okaloosa

32547

Okaloosa

4. FEI Number

NOT APPLICABLE

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 INFORMATION SERVICES INC.
1201 HAYS ST.
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	P	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT JR.	
STREET ADDRESS	1001 SHALIMAR PT DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	EARL J. CLARK	
STREET ADDRESS	233 NW THOMAS CT	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT L. BROWN	
STREET ADDRESS	1004 SHALIMAR PT DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAROLE L. SIMPSON	
STREET ADDRESS	5852 WARD RANCH RD	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BRENDA N. SLUSCHEWSKI	
STREET ADDRESS	2550 ERWIN FLEET RD	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
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
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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: KAREN LAWRENCE, COMPTROLLER

1/6/00 850-243-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)