

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041238

1. Entity Name

BENCHMARK MORTGAGE CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90040 050 ***150.00

Principal Place of Business

Mailing Address

30 COLORADO ROAD
LEHIGH ACRES FL 33936

30 COLORADO ROAD
LEHIGH ACRES FL 33936-6610

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

65-0415589

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

BAGANS, ROBERT
4330 RIVER GROVE LN
FT MYERS FL 33905

Name

ROBERT BAGANS

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

6851 ST EDMUNDS Loop

City

FT MYERS

FL

Zip Code

33912

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

1/17/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TSD	BAGANS, ROSETTA	30 COLORADO ROAD LEHIGH ACRES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	BAGANS, ROBERT	30 COLORADO ROAD LEHIGH ACRES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	FULLER, KAREN	28 COLORADO ROAD LEHIGH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

ROBERT BAGANS

1/17/00

941 369 5841