

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051743

1. Entity Name

MONEYLAND MORTGAGE CORPORATION

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90027 015 \*\*\*158.75

Principal Place of Business

638 N. PUTNAM AVENUE  
ORLANDO FL 32801

Mailing Address

638 N. PUTNAM AVENUE  
ORLANDO FL 32801-1131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190909

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

DAVIS, DONAVAN  
638 PUTNAM AVENUE  
ORLANDO FL 32801

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	D	<input type="checkbox"/> Delete
NAME	DAVIS, DONOVAN	
STREET ADDRESS	638 PUTNAM AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARN, TOBY L	
STREET ADDRESS	638 PUTNAM AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROMAN, ISABEL	
STREET ADDRESS	638 PUTNAM AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SORRELL, MARGARET	
STREET ADDRESS	6028 CHESTER AVENUE, #206	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CAROL	
STREET ADDRESS	6028 CHESTER AVENUE, #206	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIDIER, LINDA	
STREET ADDRESS	6028 CHESTER AVENUE, #206	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Cherol,	
STREET ADDRESS	6028 Chester Ave, # 206	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Emens	
STREET ADDRESS	638 Putnam Ave	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Bower	
STREET ADDRESS	638 Putnam Ave	
CITY-ST-ZIP	Orlando, FL 32801	
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

Date

Daytime Phone #

CR2E034 (9/99)