

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075537

1. Entity Name

FIRSTBANK MORTGAGE COMPANY, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90005 031 ***150.00

Principal Place of Business

11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address

11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

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 59-3208650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, CLYDE N JR
11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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, 2001 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

TITLE D
NAME ALTERS, TIMOTHY D
STREET ADDRESS 4500 SALISBURY RD., SUITE 160
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D
NAME DRUMMOND, W J
STREET ADDRESS 11125 STOWE COTTAGE LANE
CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ Delete

TITLE DVPS
NAME WELLS, CLYDE N JR
STREET ADDRESS 5032 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE DVP
NAME MINOR, R. EDWARD
STREET ADDRESS 6357 JACK WRIGHT ISLAND RD
CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☒ Delete

TITLE DP
NAME GUNTI, JR. C
STREET ADDRESS 1239 FRUIT COVE RD
CITY-ST-ZIP JACKSONVILLE FL 32259 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Judith C. Jennings
STREET ADDRESS 2120 White Wing Dove Place
CITY-ST-ZIP Jacksonville, FL 32259 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
~~Raymond C. Wheeler, Jr.~~
~~7406 Parklawn St. #104~~
~~Jacksonville, FL 32256~~

TITLE D
NAME Moss S. Wells
STREET ADDRESS 3122-7 Leon Rd.
CITY-ST-ZIP Jacksonville, FL 32246 ☐ Change ☒ Addition

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

TITLE D
NAME Alters, Timothy D.
STREET ADDRESS 2020 Vela Norte Cir.
CITY-ST-ZIP Atlantic Beach, FL 32233 ☒ Change ☐ Addition

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

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:

Timothy D. Alters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01
Date

Daytime Phone #

CR2E034 (10/00)