

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076366

1. Entity Name

MANDARIN MORTGAGE CORP.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90164 049 \*\*\*158.75

Principal Place of Business

11016 N. DALE MABRY HWY.  
SUITE 204  
TAMPA FL 33618  
US

Mailing Address

11016 N. DALE MABRY HWY.  
SUITE 204  
TAMPA FL 33618-3802  
US

001434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203262

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

SECOR, DUSTIN  
9700 9TH ST N  
SUITE 200  
ST. PETERSBURG FL 33702

Name

AL BOWMAN

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

11016 N. Dale Mabry Hwy #204

City

TAMPA

FL

Zip Code

33618

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

*AL Bowman*

AL Bowman, President

1/10/2000

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 NAME ☐ Delete  
P  
SECOR, DUSTIN  
STREET ADDRESS 9700 9TH ST N. #200  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE NAME ☒ Change ☐ Addition  
President  
AL BOWMAN  
STREET ADDRESS 11016 N. Dale Mabry Hwy #204  
CITY-ST-ZIP TAMPA, FL 33618

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition  
Secretary  
AL Bowman  
STREET ADDRESS 11016 N. Dale Mabry Hwy #204  
CITY-ST-ZIP TAMPA, FL 33618

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*AL Bowman*  
AL Bowman

1/10/2000

Date

813-963-6263

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)