

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90347 012 ***150.00

DOCUMENT # F94000011350

1. Entity Name

HERITAGE HOME FINANCE CORPORATION



44033003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8403 S. PARK CIRCLE BLVD.

Suite, Apt. #, etc.

670

City & State

ORLANDO, FL

3. Mailing Address

10990 WILSHIRE BLVD.

Suite, Apt. #, etc.

7TH FLR., TAX DEPT.

City & State

LOS ANGELES, CA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3223417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR; ASST. SEC'Y BARTON P. PACHINO 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR; VICE PRESIDENT ALBERT Z. PRAW 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARRY MILLER 8403 S. PARK CIRCLE, #670 ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KELLY ALLRED 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DOMENICO CECERE 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY CORY F. COHEN 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CORY F. COHEN

04/16/04

(310) 231-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)