

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034337

1. Entity Name

APALACHICOLA MORTGAGE, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90042 043 ***150.00

Principal Place of Business

Mailing Address

71 MARKET ST.
APALACHICOLA FL 32320

P.O. BOX 189
APALACHICOLA FL 32329-0189

2. Principal Place of Business

111 U.S. Highway 98
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

APALACHICOLA, FL

City & State

4. FEI Number

59-3239461

Applied For

Not Applicable

Zip
32320

Country
Franklin

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

HORAN, JOHN W
1500 S. OLIVE AVE.
WEST PALM BEACH FL 33401

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HORAN, JOHN W
1500 S. OLIVE AVE.
WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HORAN, JOHN W
1500 S. OLIVE AVE
West Palm Beach, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
STANTON, JOAN E
71 MARKET ST
APALACHICOLA FL 32320 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
STANTON, JOAN E
111 U.S. Highway 98
Apalachicola, FL 32320 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Joan E. Stanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN E. STANTON

Date 4-28-00

Daytime Phone #

850-653
2523

CR2E034 (9/99)