

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092124

1. Entity Name
EMBASSY MORTGAGE CORPORATION

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90022 022 ***150.00

Principal Place of Business
**4540 SOUTHSIDE BLVD
SUITE #902-A
JACKSONVILLE FL 32216
US**

Mailing Address
**4540 SOUTHSIDE BLVD
SUITE #902-A
JACKSONVILLE FL 32216
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3284601**

Applied For
Not Applicable

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

**WARD, ROBERT E III
6177 BELLE RIVE COURT
JACKSONVILLE FL 32256**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WARD, ROBERT E III**
STREET ADDRESS **6177 BELLE RIVE COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ Change ☒ Addition
NAME **Thomas D. Cravey**
STREET ADDRESS **1204 Glenn Drive**
CITY-ST-ZIP **Jacksonville, Fla. 32218**

TITLE **V** ☒ Delete
NAME **VERTON, BARBARA K.**
STREET ADDRESS **1330 PONTE VERDE BLVD.**
CITY-ST-ZIP **PONTE VERDE FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Robert E. Ward III, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 904-928-0102
Date Daytime Phone #

CR2E034 (10/00)