

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 047 ***150.00

DOCUMENT # P95000003455

1. Entity Name

~~UNITED-CAPITAL OF CENTRAL FLORIDA, INC.~~

HOME LENDER'S TRUST, INC

Principal Place of Business

1249 N ORANGE AVE
ORLANDO FL 32804
US

Mailing Address

1249 N ORANGE AVE
ORLANDO FL 32804
US

UUU44471



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 **59-3303225**

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

WALKER, BERRY
235 MAITLAND AVE S
STE 216
MAITLAND FL 32751

Name

Armstrong, Janice

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

City

1249 N ORANGE AVE
Orlando

FL

Zip Code

32804

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

04/23/01

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 ☐ Delete
NAME **PARRETT, JOHN**
STREET ADDRESS **1249 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
NAME **D, P, S, T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **MULLVAIN, MIKE**
STREET ADDRESS **1249 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☒ Delete
NAME **WALKER, JOEL**
STREET ADDRESS **1249 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☒ Delete
NAME **HUTTO, SHANNON**
STREET ADDRESS **1249 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☒ Delete
NAME **BROWN, MARK ALAN**
STREET ADDRESS **1249 N. ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☒ Delete
NAME **GONZALEZ, JOSEPH**
STREET ADDRESS **3900 HOLLYWOOD BLVD., SUITE 401**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 **407 422 1000**

Date

Daytime Phone #

0064481

CR2E034 (10/00)