

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046291

1. Entity Name

Home America Mortgage, Inc.

FILED

00 MAR 16 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 NE 2nd Street  
Ocala, FL 34470

101 NE 2nd Street  
Ocala, FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3341350

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Garrett, Gary  
101 NE 2nd Street  
Ocala, FL 34470

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 name and name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/2000

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          | P                  | <input type="checkbox"/> Delete |
| NAME           | Garrett, Gary J.   |                                 |
| STREET ADDRESS | 101 NE 2nd Street  |                                 |
| CITY-ST-ZIP    | Ocala, FL          |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | Parker, Timothy    |                                 |
| STREET ADDRESS | 101 NE 2nd Street  |                                 |
| CITY-ST-ZIP    | Ocala, FL          |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | Roberson, III Coda |                                 |
| STREET ADDRESS | 101 NE 2nd Street  |                                 |
| CITY-ST-ZIP    | Ocala, FL          |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Garrett, Gary J.     |  |
| STREET ADDRESS | 101 NE 2nd Street    |  |
| CITY-ST-ZIP    | Ocala, FL            |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hicks, James Gregory |  |
| STREET ADDRESS | 101 NE 2nd Street    |  |
| CITY-ST-ZIP    | Ocala, FL            |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

3/14/2000

KE

CR2E034 (9/99)