

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **p95000046291**

1. Entity Name

Community Home Loans Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
101 NE 2nd Street

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State

4. FEI Number  
59-3069391

Applied For  
Not Applicable

Zip  
34470

Country  
USA

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name

Bruce Brashear, Attorney

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

926 NW 13th Street

City  
Gainesville

FL

Zip Code  
32601

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.

Information has remained the same

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raymond Edward Bowman 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman/Director Sherry Diane Dickinson 1760 The Exchange, SE Atlanta, Ga 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Director Lee Bentley Farkas 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Coda Clyde Roberson, III 101 NE 2nd Street Ocala, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Coda Clyde Roberson, III /Director 11-20-02 (352) 671-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)