

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000046291
1. Entity Name
Community Home Loans Inc

DO NOT WRITE IN THIS SPACE

100009222361
11/26/02--01035--013 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 NE 2nd Street
Suite, Apt. #, etc.
City & State
Ocala, FL
Zip
34470
Country
USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3069391 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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	<u>President Raymond Edward Bowman 101 NE 2nd Street Ocala, FL 34470</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Chairman/Director Sherry Diane Dickinson 1760 The Exchange, SE Atlanta, Ga 30339</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO/Director Lee Bentley Farkas 101 NE 2nd Street Ocala, FL 34470</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Coda Clyde Roberson, III 101 NE 2nd Street Ocala, FL 34470</u>	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 /Director 11-20-02 (352) 671-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)