

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90015 039 ***150.00

DOCUMENT # P96000024716

1. Entity Name

ROYAL MORTGAGE LENDING CORPORATION

Principal Place of Business

Mailing Address

401 E CHASE ST
 200
 PENSACOLA FL 32501

401 E CHASE ST
 200
 PENSACOLA FL 32565-9143
 US

2. Principal Place of Business

4901 Sidney Ln.

Suite, Apt. #, etc.

3. Mailing Address

4901 Sidney Ln.

Suite, Apt. #, etc.

City & State

Jay, FL 32565

Zip

32565

Country

Santa Rosa

City & State

Jay, FL 32565

Zip

32565

Country

Santa Rosa

4. FEI Number

59-3365265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BATES, GLORIA F
 401 E CHASE ST
 200
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Gloria F. Bates

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

4463 Country Mill Rd.

City

Jay,

FL

Zip Code

32565

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 Gloria F. Bates

Gloria F. Bates

3-10-2000

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) ☒

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	BATES, GLORIA F	
STREET ADDRESS	4463 COUNTRY MILL RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, HARTSEL A	
STREET ADDRESS	4901 SIDNEY LANE	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BUSH, DORTCH B	
STREET ADDRESS	4901 SIDNEY LN	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SINGLEY, HOLLIE	
STREET ADDRESS	4919 SIDNEY LANE 4463 Country Mill Rd.	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MEI L	
STREET ADDRESS	13833 CANAL DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Dortch B. Bush *Dortch B. Bush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

3/10/00

Daytime Phone #

850-675-8556

CF 034 (9/99)