

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016116

1. Entity Name

BANCPLUS HOME MORTGAGE CENTER, INC.

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

03-30-2001 90345 050 ***150.00

Principal Place of Business

2701 E. OAKLAND PARK BLVD
C
FORT LAUDERDALE FL 33306
US

Mailing Address

2701 E. OAKLAND PARK BLVD
FT LAUDERDALE FL 33306
US

2. Principal Place of Business

2699 E Oakland Park Blvd

3. Mailing Address

2699 E Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33306

Country

USA

Zip

33306

Country

USA

4. FEI Number 65-0732584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERNICK, HOWARD
2060 NORTHEAST 208TH STREET
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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 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, 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

TITLE PD
NAME VERNICK, HOWARD
STREET ADDRESS 2060 NORTHEAST 208TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE VP
NAME CIKA, STEPHENE
STREET ADDRESS 1905 RIVER OAKS
CITY-ST-ZIP WESTERN FL 33326

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

HOWARD VERNICK

Date

3/28/01

Daytime Phone #

954582787

CR2E034 (10/00)