

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045661

1. Entity Name  
**FLORIDA CAPITAL MORTGAGE COMPANY**

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90079 047 \*\*\*150.00

Principal Place of Business  
~~813 DELTONA BLVD, SUITE C~~  
~~DELTONA FL 32725~~

Mailing Address  
~~813 DELTONA BLVD, SUITE C~~  
~~DELTONA FL 32725~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**268 A PALM COAST PKWY NE**

3. Mailing Address  
**268 A PALM COAST PKWY NE**

City & State  
**PALM COAST FL**

City & State  
**PALM COAST FL**

4. FEI Number **59-3447327**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAAS, JOE**  
~~813 DELTONA BLVD, SUITE C~~  
~~DELTONA FL 32725~~

Name  
**S**  
Street Address (P.O. Box Number is Not Acceptable)  
**268 A PALM COAST PARKWAY NE**  
City **PALM COAST** FL Zip Code **32137**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HAAS, JOE</b> <b>813 DELTONA BLVD, SUITE C</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD</b> <b>HAAS, JOE</b> <b>268 A PALM COAST PARKWAY NE</b> <b>PALM COAST, FL 32137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALLISON BARTLETT</b> <b>268 A PALM COAST PARKWAY NE</b> <b>PALM COAST, FL 32137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe Haas* **JOE HAAS PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/06/01** **386-447-3065**  
Date Daytime Phone #

CR2E034 (10/00)