

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055042

1. Entity Name

NORTHMONT MORTGAGE INVESTORS, INC.

Principal Place of Business

721 IMAR DRIVE
SUN CITY CENTER FL 33573

Mailing Address

721 IMAR DRIVE
SUN CITY CENTER FL 33573-5368

2. Principal Place of Business

6980 US HWY A 441 #70

3. Mailing Address

13602 2ND AVE NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

BRADENTON FL

Zip

Country

34475 US

Zip

Country

34202 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCAS, TIMOTHY TRUSTEE
721 IMAR DRIVE
SUN CITY CENTER FL 33573

Name JAMES BUCKLEY

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

13602 2ND AVE NE

City BRADENTON

FL

Zip Code 34202

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, 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 D
NAME LUCAS, TIMOTHY TRUSTEE
STREET ADDRESS 721 IMAR DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☒ Delete

TITLE JAMES BUCKLEY, TRUSTEE
NAME JAMES BUCKLEY, TRUSTEE
STREET ADDRESS 13602 2ND AVE NE
CITY-ST-ZIP BRADENTON FL 34202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90193 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)