

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059475

1. Entity Name

CENTRAL MONEY MORTGAGE CO. (IMC), INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90030 049 \*\*\*150.00

Principal Place of Business

8840 STANFORD BLVD.  
SUITE 2200  
COLUMBIA MD 21045

Mailing Address

5901 EAST FOLWER AVE  
TAMPA FL 33617-2362  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3456706

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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 checked="" type="checkbox"/> Delete
NAME	HOLMAN, BRIAN D.	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	5901 EAST FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIDDLETON, THOMAS G.	
STREET ADDRESS	5901 EAST FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LAURIE S.	
STREET ADDRESS	5901 EAST FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TOOMEY, RICHARD L.	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANTICO, FRANK S.	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	
CITY-ST-ZIP	COLUMBIA MD 21045	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis J. Pitocco	
STREET ADDRESS	5901 East Fowler Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Ault	
STREET ADDRESS	5901 East Fowler Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kris Hood	
STREET ADDRESS	5901 East Fowler Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Melone	
STREET ADDRESS	5901 East Fowler Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zina Zuk	
STREET ADDRESS	5901 East Fowler Avenue	
CITY-ST-ZIP	Tampa, FL 33617	
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

813-984-8801

Daytime Phone #

Dennis J. Pitocco, President

CR2E034 (9/99)