## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000059577**

## LION MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

5930 NORTHWEST 54TH WAY GAINESVILLE FL 32653

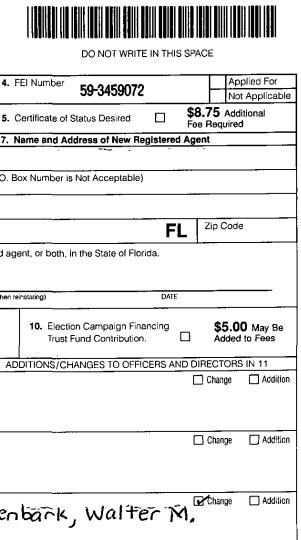
2. Principal Place of Busines

5930 NORTHWEST 54TH WAY

GAINESVILLE FL 32653-3264

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

05-08-2000 90140 048 \*\*\*150.00



Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVENBARK, WALTER M. Street Address (P.O. Box Number is Not Acceptable) 5930 N.W. 59TH WAY **GAINESVILLE FL 32653** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE RIVENBARK, CAROL B. NAME STREET ADDRESS 5930 NW 54 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** □ Delete TITLE TITLE RIVENBRAK, CHRISTOPHER S NAME NAME STREET ADDRESS STREET ADDRESS 5930 NW 54 WAY CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL 32653** Rivenbark, Walter M. Pthange ☐ Delete TITLE TITLE RIVENBARK, WALTON M NAME NAME STREET ADDRESS STREET ADDRESS 5930 NW 54 WAY CITY-ST-ZIP CITY-ST-ZIF GAINSVILLE FL 32653 ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.