

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062647

1. Entity Name

CAPITAL MORTGAGE FUNDING, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90020 015 ***150.00

Principal Place of Business

Mailing Address

11153 CHANDLER DRIVE
COOPER CITY FL 33026
US

11153 CHANDLER DRIVE
COOPER CITY FL 33316-2834
US

2. Principal Place of Business

500 S.E. 18 Court

3. Mailing Address

500 SE 18 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0763835

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

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

CRICHTON, DANE
11153 CHANDLER DR
COOPER CITY FL 33026

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

DANE CRICHTON President 01-21-2000

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
NAME CRICHTON, DANE
STREET ADDRESS 11153 CHANDLER DRIVE
CITY-ST-ZIP COOPER CITY FL 33026 ☐ Delete

TITLE President
NAME Crichton, Dane
STREET ADDRESS 500 SE 18 Court
CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☒ 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

DANE CRICHTON 01-21-2000 (954) 768-9995

Date

Daytime Phone #