

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068398

1. Entity Name

LIBERTY MORTGAGE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90020 015 ***150.00

Principal Place of Business

Mailing Address

3033 HARTLEY RD
STE 1
JACKSONVILLE FL 32257

3063 HARTLEY RD
STE 1
JACKSONVILLE FL 32257-6280
US

2. Principal Place of Business

3033 HARTLEY Rd.

3. Mailing Address

3033 HARTLEY Rd.

Suite, Apt. #, etc.

STE 7

Suite, Apt. #, etc.

STE 7

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

FLORIDA

Zip

32257

Country

FLORIDA

6. Name and Address of Current Registered Agent

COOMER, ELBERT G
3063 HARTLEY RD, STE 1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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

TITLE D
NAME COOMER, ELBERT G
STREET ADDRESS 309 SWEETBRIAR BRANCH LANE
CITY-ST-ZIP JACKSONVILLE FL 32259

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

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☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)