

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075780

1. Entity Name

LOAN EQUITY CORPORATION

Principal Place of Business

264 ROCK HILL CT
MARCO ISLAND FL 34145
US

Mailing Address

264 ROCK HILL CT
MARCO ISLAND FL 34145-3830
US

2. Principal Place of Business

215 WATERSIDE CIRCLE

3. Mailing Address

P.O. Box 1400

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

34145

USA

Zip

34146-1400

Country

USA

4. FEI Number

65-0784167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N COLLIER BLVD
MARCO ISLAND FL 34145

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	<input type="checkbox"/> Delete
NAME	STORM, RICHARD E	
STREET ADDRESS	4 VIEW MARK DR	
CITY-ST-ZIP	RICHMOND HILL ON 34145	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	AULA, DAVID	
STREET ADDRESS	45 SWEET FERN DR	
CITY-ST-ZIP	WEST SPRING MA 01089	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	STORM, RICHARD JR	
STREET ADDRESS	264 ROCK HILL CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	STORM, KATHLEEN D.	
STREET ADDRESS	215 WATERSIDE CIRCLE #201	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD E. STORM	
STREET ADDRESS	985 CHERRINGHAM COURT	
CITY-ST-ZIP	ALPHARETTA, GA. 30005	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID S. PULLA	
STREET ADDRESS	8799Y DRIVE	
CITY-ST-ZIP	WESTFIELD, MA. 01085	
TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD STORM, JR	
STREET ADDRESS	215 WATERSIDE CIRCLE #201	
CITY-ST-ZIP	MARCO ISLAND, FL 34146-1400	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90043 021 ***150.00

00041100



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)