

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082350

1. Entity Name

TANGLEWOOD MORTGAGE CORPORATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90153 026 \*\*\*150.00

Principal Place of Business

Mailing Address

6719 WINKLER RD., SUITE 210  
FORT MYERS FL 33919  
US

6719 WINKLER RD., SUITE 210  
FORT MYERS FL 33919-7200  
US

2. Principal Place of Business

6719 Winkler Rd

3. Mailing Address

1612 SE 40th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

RD

City & State

Ft Myers FL

City & State

Cape Coral FL

Zip

33919

Country

US

Zip

33904

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0782197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TITENSOR, GARY L  
6719 WINKLER RD., SUITE 210  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

GARY TITENSOR

Street Address (P.O. Box Number is Not Acceptable)

1612 SE 40th Ter

City

Cape Coral

FL

Zip Code

33904

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: *Gary Titensor* GARY TITENSOR

4/12/00

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 PD ☐ Delete  
NAME TITENSOR, GARY  
STREET ADDRESS 6719 WINKLER RD STE 210  
CITY-ST-ZIP FT MYERS FL 33919

TITLE VD ☒ Delete  
NAME CORY, TITENSOR  
STREET ADDRESS 6719 WINKLER RD STE 210  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE STD ☐ Delete  
NAME CHARLOTTE, THESOR  
STREET ADDRESS 6719 WINKLER RD STE 210  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME STD  
STREET ADDRESS Charlotte Titensor  
CITY-ST-ZIP 6719 Winkler Rd Ste 110  
Ft Myers FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *GARY TITENSOR* GARY TITENSOR 4/12/00 941-540-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (9/00)