

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034868

1. Entity Name

FIRST ATLANTIC MORTGAGE OF LAKE CITY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90916 029 ***150.00

Principal Place of Business

Mailing Address

34 NORTH MARION STREET
 LAKE CITY FL 32055
 US

34 NORTH MARION STREET
 LAKE CITY FL 32055-3900
 US

2. Principal Place of Business

34 North Marion St.
 Suite, Apt. #, etc.

3. Mailing Address

34 North Marion St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 LAKE CITY FL

Zip
 32055

Country
 USA

City & State
 LAKE CITY FL

Zip
 32055

Country
 USA

4. FEI Number 59-3509097

Applied For
 Not Applicable

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

WEBB, KIM
 ROUTE 14, BOX 2410
 LAKE CITY FL 32024

Name
 Joyce Kirpach

Street Address (P.O. Box Number is Not Acceptable)
 Rt. 4 Box 2513

City Ft. White FL Zip Code 32038

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 *Joyce Kirpach*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 D
 NAME BASS, DEBORAH F
 STREET ADDRESS ROUTE 12, BOX 518
 CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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 *Deborah F Bass*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 904-752-9908
 Date Daytime Phone #

CR2E034 (9/99)