

2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035287

1. Entity Name

GOTHAM MORTGAGE CORPORATION

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90018 013 ***150.00

Principal Place of Business

Mailing Address

5301 N FEDERAL HWY
#130
BOCA RATON FL 33487
US

5301 N FEDERAL HWY
#130
BOCA RATON FL 33487
US

00057488

2. Principal Place of Business

1069 AVOCET ROAD

3. Mailing Address

1069 AVOCET ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0842516

Applied For

Not Applicable

Zip

Country

33444-1817 PALM BEACH

Zip

Country

33444-1817 PALM BEACH

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

GOTHAM, MARYANNE
1069 AVOCET ROAD
DELRAY BEACH FL 33444

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.

(NOT

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOTHAM, MARYANNE
1069 AVOCET ROAD
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOTTLER, MARK
5301 N. FEDERAL HIGHWAY, SUITE 130
BOCA RATON FL 33487 ☒ Delete

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

TITLE
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CITY-ST-ZIP
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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 is 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:

Maryanne Gotham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR

5/1/01

Date

561-703-5626

Daytime Phone #

CR2E034 (10/00)