

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000060599**1. Entity Name
FIRST FLORIDA MORTGAGE BANC, INCORPORATEDPrincipal Place of Business
1342 COLONIAL BLVD.
FORT MYERS FL 33907
USMailing Address
1342 COLONIAL BLVD.
FORT MYERS FL 33907
US2. Principal Place of Business
1342 COLONIAL BLVD.3. Mailing Address
1342 COLONIAL BLVD.Suite, Apt. #, etc.
F41BSuite, Apt. #, etc.
F41BCity & State
FORT MYERS FLCity & State
FORT MYERS FLZip Country
33907 USZip Country
33907 US4. FEI Number
65-0850382
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MANKIN TIMOTHY**
1342 COLONIAL BLVD. #F41B
FORT MYERS FL 33907
US**7. Name and Address of New Registered Agent**Name
MANKIN TIMOTHY T
Street Address (P.O. Box Number is Not Acceptable)
1342 COLONIAL BLVD. #F41B
City
FORT MYERS FL Zip Code
33907

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 **TIMOTHY MANKIN****04/04/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE V ☐ Delete
NAME **DRAVES JEFFREY**
STREET ADDRESS **26831 S TAMiami TR #51-53**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**TITLE ☐ Delete
NAME **MANKIN TIMOTHY**
STREET ADDRESS **26831 S. TAMiami TR #51-53**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE V ☒ Change ☐ Addition
NAME **DRAVES JEFFREY A**
STREET ADDRESS **1342 COLONIAL BLVD F41B**
CITY-ST-ZIP **FORT MYERS FL 33907**TITLE ☒ Change ☐ Addition
NAME **MANKIN TIMOTHY T**
STREET ADDRESS **1342 COLONIAL BLVD F41B**
CITY-ST-ZIP **FORT MYERS FL 33907**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Timothy Mankin**CPST****04/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)