

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064122

1. Entity Name

OLD FLORIDA MORTGAGE, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90048 016 \*\*\*150.00

Principal Place of Business

Mailing Address

6830 N. FEDERAL HWY  
3RD FLOOR  
BOCA RATON FL 33487  
US

6830 N. FEDERAL HWY  
3RD FLOOR  
BOCA RATON FL 33487-1626  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BLUM, STUART M  
CITY-ST-ZIP 245 N. OCEAN BLVD.  
DEERFIELD BEACH FL 33441

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS BLUM, STUART M  
CITY-ST-ZIP 6830 N. FEDERAL HWY. 3RD FLOOR  
BOCA RATON, FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 561-998-0248

CR2E034 (9/99)