

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90031 019 ***150.00

DOCUMENT # P98000064294

1. Entity Name
HOMESTEAD LENDING CORPORATION

Principal Place of Business Mailing Address
2401 W BAY DRIVE **2401 W BAY DRIVE**
BLDG 400 STE 414 **BLDG 400 STE 414**
LARGO FL 33770 **LARGO FL 33770-4900**

00001482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-2111506** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VEGA, SILVIO J
616 HIDDEN HARBOUR DRIVE
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name **Jules J. Dobrowolski**
 Street Address (P.O. Box Number is Not Acceptable)
2401 West Bay Drive, Suite 414
 City **Largo** FL Zip Code **33770**

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 *Jules J. Dobrowolski* **Jules J. Dobrowolski, Secretary** **1-6-2000**
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 NAME	PD VEGA, SILVIO J	<input type="checkbox"/> Delete
STREET ADDRESS	616 HIDDEN HARBOUR DRIVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE NAME	VD RUSSELL, JAY C SR	<input type="checkbox"/> Delete
STREET ADDRESS	8604 KENWOOD RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE NAME	STD DOBROWOLSKI, JULES J	<input type="checkbox"/> Delete
STREET ADDRESS	1701 LONG BOW LN	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Silvio J. Vega* **SILVIO J. VEGA** **1/6/2000** **727-518-1618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)