

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90017 003 ***150.00

DOCUMENT # P98000070866

1. Entity Name

RESORT MORTGAGE, INC.

Principal Place of Business

**5 CENTER ROAD
 GULF BREEZE FL 32561**

Mailing Address

**400 GULF BREEZE PARKWAY
 SITE 303
 GULF BREEZE FL 32561**

2. Principal Place of Business

3. Mailing Address

5 Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

City & State

City & State

Gulf Breeze FL

Zip

Country

Zip

32561

Country

4. FEI Number

59-3530336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MATTHEWS, EDESL F
 308 S JEFFERSON STREET
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

Ron Pfeiffer Jr

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

5 Center Road

City

Gulf Breeze

FL

Zip Code

32561

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]

1/26/02

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, 2002 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 **PD** ☐ Delete
 NAME **PFEIFFER, RONALD E JR**
 STREET ADDRESS **601 ARIOLA DRIVE**
 CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **SEC** ☐ Delete
 NAME **CASTLE, MELANIE**
 STREET ADDRESS **136 BAYWINDS DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5 Center Road**
 CITY-ST-ZIP **Destin, FL 32561**

TITLE ☒ Change ☐ Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **SEC / MELANIE**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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, without other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

850.916.1999

Date

Daytime Phone #

CR2E034 (9/01)