

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073711

1. Entity Name

FIRST WESTERN MORTGAGE CORPORATION

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90050 030 ***150.00

Principal Place of Business

Mailing Address

8000 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

8000 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

301 Yamato Rd
Suite, Apt. #, etc.

301 Yamato Rd
Suite, Apt. #, etc.

SUITE 3131

SUITE 3131

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip Country

Zip Country

33431

33431



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0861709

Applied For
Not Applicable

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

HOPKINS, JOHN O
8000 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Name JOHN O. HOPKINS
Street Address (P.O. Box Number is Not Acceptable)
301 Yamato Rd
SUITE 3131
City BOCA RATON FL Zip Code 33431

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, 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 PSD
HOPKINS, JOHN O
STREET ADDRESS 8000 N. FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 301 Yamato Rd., SUITE 3131
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

561-392-7000
Daytime Phone #

CR2E034 (10/00)