

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075412

1. Entity Name

SOUTHERN STAR MORTGAGE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90175 049 ***150.00

Principal Place of Business

Mailing Address

212 APOLLO BEACH BLVD
APOLLO BEACH FL 33572

212 APOLLO BEACH BLVD
APOLLO BEACH FL 33572-2200

2. Principal Place of Business

6542 N. U.S. Hwy 41

3. Mailing Address

6542 N. U.S. Hwy 41

Suite, Apt. #, etc.

114-A

Suite, Apt. #, etc.

114-A

City & State

Apollo Beach, Fl.

City & State

Apollo Beach, Fl.

4. FEI Number

59-3543520

Applied For

Not Applicable

Zip

33572

Country

Hillsborough

Zip

33572

Country

Hillsborough

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

GREENE, CAROL
212-B APOLLO BEACH BLVD
APOLLO BEACH FL 33572

Name

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

6542 N. U.S. Hwy 41 Ste 114-A

City

Apollo Beach

FL

Zip Code
33572

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 GREENE, CAROL
CITY-ST-ZIP 1018 SILVER PALM WAY
APOLLO BEACH FL 33572

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Wayne J. Andersen
CITY-ST-ZIP 1018 Silver Palm Way
Apollo Beach, Fl. 33572

TITLE ☐ Delete
NAME D
STREET ADDRESS CONLAN, GEORGE
CITY-ST-ZIP 829 CHIPAWAY DR.
APOLLO BEACH FL 33572

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Kevin J. Conlan
CITY-ST-ZIP 349 Apollo Beach Blvd
Apollo Beach, Fl. 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Siohban Baines
CITY-ST-ZIP 45 Schobel St.
Otisville, N.Y. 10963

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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, with all other life empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)