

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077202

1. Entity Name
ABELL HOME LOANS, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90011 035 ***550.00

Principal Place of Business

258 SE 6TH AVE
SUITE 8
DELRAY BEACH FL 33483

Mailing Address

45 GLEASON STREET
DELRAY BEACH FL 33483

2. Principal Place of Business

500 NE 5th Ave.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

Zip
33483

Country
USA

3. Mailing Address

1108 Ocean Terrace

Suite, Apt. #, etc.

City & State
Delray Beach, FL

Zip
33483

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0864297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABELL, DARRAH
45 GLEASON ST.
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name
Abell, Darrah
Street Address (P.O. Box Number is Not Acceptable)
1108 Ocean Terrace #203
City
Delray Beach FL Zip Code
33483

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: Darrah Abell, Vice President 8/10/00
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	ABELL, ELLEN M	
STREET ADDRESS	45 GLEASON STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABELL, DARRAH A	
STREET ADDRESS	45 GLEASON STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABELL, GEORGE R	
STREET ADDRESS	45 GLEASON STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURRAY, DEIRDRE	
STREET ADDRESS	45 GLEASON ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abell, Ellen M	
STREET ADDRESS	355 Homewood Blvd.	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abell, Darrah A	
STREET ADDRESS	1108 Ocean Terrace #203	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abell, George R	
STREET ADDRESS	355 Homewood Blvd	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray, Deirdre	
STREET ADDRESS	317 SE 34th Ave.	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: 8/10/00 561-279-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)