

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90022 027 \*\*\*150.00

**DOCUMENT # P98000077202**

1. Entity Name  
**ABELL HOME LOANS, INC.**

Principal Place of Business

**500 NE 5TH AVE  
 8  
 DELRAY BEACH FL 33483**

Mailing Address

**1108 OCEAN TERRACE  
 203  
 DELRAY BEACH FL 33483**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**860 Kokomo Key Lane**

**Delray Beach**

**33483**

**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

7. Name and Address of New Registered Agent

**ABELL, DARRAH  
 1108 OCEAN TERRACE #203  
 DELRAY BEACH FL 33483**

Name **Abell, Darrah**  
 Street Address (P.O. Box Number is Not Acceptable) **860 Kokomo Key Lane**  
 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** **3-23-01**  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ABELL, ELLEN M</b>	
STREET ADDRESS	<b>355 HOMEWOOD BLVD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ABELL, DARRAH A</b>	
STREET ADDRESS	<b>1108 OCEAN TERRACE #203</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ABELL, GEORGE R</b>	
STREET ADDRESS	<b>355 HOMEWOOD BLVD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, DEIRDRE</b>	
STREET ADDRESS	<b>317 SE 34TH AVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Darrah Abell</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>860 Kokomo Key Lane</b>	
STREET ADDRESS	<b>Delray Beach, FL</b>	
CITY-ST-ZIP	<b>33483</b>	
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: **Darrah Abell** **3-23-01** **56-279-**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone # **1264**

CR2E034 (10/00)