

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091008

1. Entity Name

HERITAGE MORTGAGE CORPORATION OF S.W. FLORIDA

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90026 017 \*\*\*158.75

Principal Place of Business

3417 F TAMiami TRAIL  
PORT CHARLOTTE FL 33952

Mailing Address

3417 F TAMiami TRAIL  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2886 TAMiami TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number 65-0870565

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEAVELL, ALLYSON P  
3417 F TAMiami TRAIL  
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/18/01

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

TITLE	PVPS	<input type="checkbox"/> Delete
NAME	LEAVELL, ALLYSON P	
STREET ADDRESS	11769 W DALLAS DR.	
CITY-ST-ZIP	LAKE SUZY FL 34208	
TITLE	5721 10th Ave NW	<input type="checkbox"/> Delete
NAME	NAPLES, FL	
STREET ADDRESS	34119	
CITY-ST-ZIP		
TITLE	SR. V.P.	<input type="checkbox"/> Delete
NAME	Ted J. KARNES	
STREET ADDRESS	5721 10th Ave NW	
CITY-ST-ZIP	NAPLES, FL 34119	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

941-627-2277

Daytime Phone #

ext 102

CR2E034 (10/00)