

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096249

1. Entity Name

FLORIDA TRUST MORTGAGE, INC.

Principal Place of Business

2500 W. LAKE MARY BOULEVARD
#212C
LAKE MARY FL 32746
US

Mailing Address

6723 SYLVAN WOODS DRIVE
SANFORD FL 32771-6449
US

2. Principal Place of Business

365 WAYMONT CIR
Suite, Apt. #, etc.
109

3. Mailing Address

365 WAYMONT CIR
Suite, Apt. #, etc.
109

City & State
LAKE MARY FL

Zip
32746

Country
SPAINOLE

City & State

LAKE MARY FL

Zip
32746

Country
SPAINOLE

6. Name and Address of Current Registered Agent

ECKERT, STACY A P.A.
2415 S. VOLUSIA AVE. A-4
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE **D** ☒ Delete

NAME **STEWART, GLEN**
STREET ADDRESS **726 LEEWARD DRIVE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **GLEN STEWART** ☐ Delete

NAME **CEO**
STREET ADDRESS **2500 W LAKE MARY BL #212C**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **PRESIDENT** ☐ Delete

NAME **SANDRA Becker**
STREET ADDRESS **365 WAYMONT CIR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

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

4-26-2000

Date

407 688-0929

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3567841

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)