

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002468

1. Entity Name

FLORIDA HOME LOAN MORTGAGE CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 027 ***550.00

Principal Place of Business

117-119 FLAGSHIP LANE
LUTZ FL 33549

Mailing Address

117-119 FLAGSHIP LANE
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

593553386

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

SAXON, BERNICE S ESQ.
101 E. KENNEDY BOULEVARD
SUITE 3200
TAMPA FL 33602

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME TAYLOR, STEPHEN J
STREET ADDRESS 18214 CYPRESS COVE LANE
CITY-ST-ZIP LUTZ FL 33549

TITLE PD ☐ Delete
NAME FOX, RALPH S JR.
STREET ADDRESS 15350 AMBERLY DRIVE #3624
CITY-ST-ZIP TAMPA FL 33647

TITLE TD ☒ Delete
NAME MCCARTHY, JAMES J
STREET ADDRESS 3753 BRIAR BROOK PLACE
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE S ☒ Delete
NAME GOLANSKI, MICHAELA M
STREET ADDRESS 3808 SOUTH RANDALL STREET
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRES / CEO / TREASURER ☐ Change ☐ Addition
NAME Ralph S. Fox Jr.
STREET ADDRESS 15350 Amberly Dr. Ste 3624
CITY-ST-ZIP TAMPA, FLA 33647

TITLE SECRETARY ☐ Change ☒ Addition
NAME KAREN HARRINGTON
STREET ADDRESS 13714 Old Farm Dr.
CITY-ST-ZIP Tampa, FLA. 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)