

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90299 024 \*\*\*158.75

**DOCUMENT # P99000005649**

1. Entity Name

**MANHATTAN MORTGAGE OF CENTRAL FLORIDA, INC.**

Principal Place of Business

2942 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33803

Mailing Address

2942 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3566073**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BLOK-ANDERSEN, KIM**  
**1911 PRESERVATION DRIVE**  
**PLANT CITY FL 33567**

Name **BLOK-ANDERSEN, KIM**

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

**3056 SUTTON WOODS DRIVE**

City **PLANT CITY** **FL** Zip Code **33567**

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, 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 **PD** ☐ Delete  
NAME **ANDERSON, KIM**  
STREET ADDRESS **3056 SUTTON WOODS DR.**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MCDONALD, SHAWN**  
STREET ADDRESS **2942 LAKELAND HIGHLANDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **VP** ☒ Delete  
NAME **HURRY, PHYLLIS**  
STREET ADDRESS **547 CRESCENT MILLS DR.**  
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KIM BLOK-ANDERSEN** 2/1/01 903  
667-3265

CR2E034 (10/00)