

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010506****1. Entity Name**
BANNER MORTGAGE CORPORATION**Principal Place of Business****9585 SOUTHERN BLVD.
STE.#1
ROYAL PALM BEACH FL 33411****Mailing Address****9585 SOUTHERN BLVD.
STE.#1
ROYAL PALM BEACH FL 33411****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 65-0892023

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****KERR, DENNIS M
122 SARATOGA BLVD. EAST
ROYAL PALM BEACH FL 33411**

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, 2002 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 PS
NAME KERR, DENNIS M
STREET ADDRESS 122 SARATOGA BLVD. EAST
CITY-ST-ZIP ROYAL PALM BEACH FL 33411** ☐ Delete**TITLE V
NAME KERR, SHARON K
STREET ADDRESS 122 SARATOGA BLVD. EAST
CITY-ST-ZIP ROYAL PALM BEACH FL 33411** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
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CITY-ST-ZIP** ☐ Delete**TITLE
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CITY-ST-ZIP** ☐ Delete**TITLE
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STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**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 line empowered.****SIGNATURE: DENNIS M. KERR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (561) 792-7590
Date Daytime Phone #**FILED**
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90017 050 ***158.75

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DO NOT WRITE IN THIS SPACE

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