

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036869

1. Entity Name
EXECUTIVE MORTGAGE FUNDING INC.

Principal Place of Business
876 GULF PAVILION DR., #205
NAPLES FL 34108

Mailing Address
876 GULF PAVILION DR., #205
NAPLES FL 34108

2. Principal Place of Business
11983 TAMiami TRAIL N.

Suite, Apt. #, etc.
SUITE 130

City & State
NAPLES, FL

Zip
34110

Country
Collier

3. Mailing Address
11983 TAMiami TRAIL N.

Suite, Apt. #, etc.
SUITE 130

City & State
NAPLES, FL

Zip
34110

Country
Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3571065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BINGER, MARLENE
876 GULF PAVILION DR., #205
NAPLES FL 34108

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 *Marlene Binger*

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

(NOTE: Registered Agent signature required when reinstating)

X 8-2-2000

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

TITLE ~~PRESIDENT/SECY~~
NAME ~~MARLENE BINGER~~
STREET ADDRESS ~~11983 TAMiami TR. - N #130~~
CITY-ST-ZIP ~~NAPLES, FL., 34110~~

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PRESIDENT/SECY~~
NAME ~~MARLENE BINGER~~
STREET ADDRESS ~~11983 TAMiami TRAIL N, STE 130~~
CITY-ST-ZIP ~~NAPLES, FL 34110~~

☐ Change ☒ Addition

TITLE
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☐ 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 like empowered.

SIGNATURE: X *Marlene Binger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8-2-2000 9941-597-1800

Date

Daytime Phone #

CR2E034 (5/00)