

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061667

1. Entity Name

CORNERSTONE LENDING GROUP, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90132 047 \*\*\*150.00

Principal Place of Business

Mailing Address

2000 WEBBER ST  
SARASOTA FL 34239

2000 WEBBER ST  
SARASOTA FL 34239-5236

2. Principal Place of Business

3800 S. TAMiami TR. #319

3. Mailing Address

3800 S. TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 319

Suite 319

City & State

City & State

SARASOTA, FL

SARASOTA FL 3

Zip

Country

Zip

Country

34239

SARASOTA

34239

SARASOTA

4. FEI Number

65-0934140

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

CROWLEY, DANIEL J  
2000 WEBBER ST  
SARASOTA FL 34239

Name

William A. Dooley

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

1432 First St

City

SARASOTA

FL

Zip Code

34236

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]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, DANIEL J	
STREET ADDRESS	2000 WEBBER ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel J. Crowley	
STREET ADDRESS	3800 S. TAMiami TRAIL #319	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D/S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom A. Knight	
STREET ADDRESS	3800 S. TAMiami TR. #319	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Signature]*

4.19.02 941-363-0991

Date

Daytime Phone #

CR2E034 (9/99)