2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067866**

1. Entity Name

VANTAGE MORTGAGE NETWORK, INC.

changed, or on an attachment with an add

SIGNATURE:

Principal Place of Business Mailing Address 10014 N DALE-MABRY, SUITE 101 icciá n dale mabry. Suite 101 DUUUSTVA 1 AMPA FL 33618 TAMPA_FI--03018-4426 13902N. Dale Malor, #213 TAMPA, F1. 33618 3. Mailing Address 3902 N. DAG Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, ANTHONY G Street Address (P.O. Box Number is Not Acceptable) 2024 W CLEVELAND ST **TAMPA FL 33606** 039 Winners for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits 10 SIGNATURE uired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE TITLE BENTLEY, HERSCHEL G NAME 10014 N DALE MABRY, SUITE 101- 13902 N. Date M STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-7IP STD ☐ Change Addition TITLE BENTLEY, JENNIFER S NAME 13902 NAME 10014 N DALE MABRY, SUITE 101 N. OPL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change ☐ Addition n TITLE 13902 BENTLEY, H L NAME 10014 N DALE MABRY, SUITE-101. N. DALE MALLY #213 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change Addition TITLE BENTLEY, GEORGINA NAME 10014 N DALE MABRY, SUITE-101 W. DALEMADOY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90102 027 ***150.00