

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069565**

1. Entity Name

PRODIGY MORTGAGE CORPORATION**FILED****Jan 24, 2000 8:00 am
Secretary of State**

01-24-2000 90001 050 ***150.00

Principal Place of Business

Mailing Address

4952 RIVER BASIN DRIVE SOUTH
JACKSONVILLE FL 322074952 RIVER BASIN DRIVE SOUTH
JACKSONVILLE FL 32207-2112

2. Principal Place of Business

4741 Atlantic Blvd.

3. Mailing Address

4741 Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-2

Suite B-2

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

32207

32207

Country

Country

Duval

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

99-3594229

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

FALLAR, SCOTT W
8375 DIX ELLIS TRAIL SUITE 401
JACKSONVILLE FL 32256

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DP ☐ Delete
NAME DYAL, HOWARD M
STREET ADDRESS 4952 RIVER BASIN DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE Chief Executive Officer ☒ Change ☐ Addition
NAME James Hynes, James R.
STREET ADDRESS 11810 Indian Bluff Cove
CITY-ST-ZIP Jacksonville, FL 32225TITLE DST ☐ Delete
NAME TOUCHTON, PALMER A II
STREET ADDRESS 4952 RIVER BASIN DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE DST ☒ Change ☐ Addition
NAME Touchton, Palmer A.
STREET ADDRESS 7769 Lynchburg Court E.
CITY-ST-ZIP Jacksonville, FL 32277TITLE DV ☐ Delete
NAME HYNES, JAMES R
STREET ADDRESS 4952 RIVER BASIN DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

James R. Hynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/14/2000
Date(904) 399-3222
Daytime Phone #

CR2E034 (9/99)