

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90095 033 \*\*\*150.00

**DOCUMENT # P99000069636**

1. Entity Name  
**COUNTRY SIDE MORTGAGE, INC.**

Principal Place of Business  
**11388 OKEECHOBEE BLVD. #110**  
**ROYAL PALM BEACH FL 33411**

Mailing Address  
**11388 OKEECHOBEE BLVD. #110**  
**ROYAL PALM BEACH FL 33411-8713**

817068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1402 ROYAL PALM BEACH BLVD.**  
 Suite, Apt. #, etc.  
**300-B**

3. Mailing Address  
**1402 ROYAL PALM BEACH BLVD.**  
 Suite, Apt. #, etc.  
**300-B**

City & State  
**ROYAL PALM BEACH, FL.**  
 Zip  
**33411** Country  
**PALM BEACH**

City & State  
**ROYAL PALM BEACH, FL.**  
 Zip  
**33411** Country  
**PALM BEACH**

4. FEI Number  
**65-0944936**

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**

**GASS, DANIEL G**  
**10001 NW 50TH STREET**  
**SUITE 204**  
**SUNRISE FL 33351**

Name **Michael Brotman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1402 Royal Palm Bch. Blvd. ste 300-B**  
 City **Royal Palm Beach** FL Zip Code **33411**

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 *M. Brotman* **M. Brotman** **Enrolled Agent** 2/24/00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	<b>JUMP, RICHARD J</b>	<b>11388 OKEECHOBEE BLVD. #110</b>	<b>ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>PRESIDENT</b>	<b>RICHARD J. CARRANO</b>	<b>1402 ROYAL PALM BEACH BLVD. STE 300-B</b>	<b>ROYAL PALM BEACH, FL. 33411</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>VICE PRESIDENT</b>	<b>RICHARD J. JUMP</b>	<b>1402 ROYAL PALM BEACH BLVD. STE 300-B</b>	<b>ROYAL PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SECRETARY / TREASURER</b>	<b>JOHN P. GEORGE</b>	<b>1402 ROYAL PALM BEACH BLVD. STE 300-B</b>	<b>ROYAL PALM BEACH, FL. 33411</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard J. Carrano* **Richard J. Carrano** 2/24/00 561 333-3093  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)