

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077987

1. Entity Name

HERITAGE MORTGAGE SERVICES OF FLORIDA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90452 014 ***150.00

Principal Place of Business

Mailing Address

6609 AUTUMN WOODS BLVD
NAPLES FL 34109

6609 AUTUMN WOODS BLVD
NAPLES FL 34109-7803

2. Principal Place of Business

4100 Corporate Square

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

59-3597291

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEIKEL, EDWARD
6609 AUTUMN WOODS BLVD
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

N/A

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director ☐ Delete

NAME John G. Ryan
STREET ADDRESS 1535 W. Schaumburg Road
CITY-ST-ZIP Schaumburg, IL 60194

TITLE Director ☐ Delete

NAME Thomas L. Ryan, III
STREET ADDRESS 1535 W. Schaumburg Road
CITY-ST-ZIP Schaumburg, IL 60194

TITLE Director ☐ Delete

NAME David A. Weber
STREET ADDRESS 1535 W. Schaumburg Road
CITY-ST-ZIP Schaumburg, IL 60194

TITLE Director ☐ Delete

NAME Edward D. Meikel
STREET ADDRESS 6609 Autumn Woods Blvd.
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ 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 another person empowered.

SIGNATURE:

Edward D. Meikel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 847-524-4000

CR2E034 (9/99)