

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090407

1. Entity Name

EASTERN MORTGAGE AND TRUST, INC.

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

05-17-2000 91083 001 ***300.00

Principal Place of Business

Mailing Address

8380 BAYMEADOWS ROAD
 SUITE 9
 JACKSONVILLE FL 32256

8380 BAYMEADOWS ROAD
 SUITE 9
 JACKSONVILLE FL 32256-7435

2. Principal Place of Business

8384 Baymeadows Rd.

Suite, Apt. #, etc.

Suite 11-B

City & State

Jax, FL 32256

3. Mailing Address

8384 Baymeadows Rd.

Suite, Apt. #, etc.

Suite 9

City & State

Jax, FL

Zip

32256

Country

Duval

Zip

32256

Country

Duval

4. FEI Number

59-3624827

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, KATHERINE F
 12969 FALLENTREE DRIVE NORTH
 JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, KATHERINE F	
STREET ADDRESS	12969 FALLENTREE DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEITNER, PHILIP NE F	
STREET ADDRESS	2206 NW 3RD PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, BONNIE J	
STREET ADDRESS	1541 6TH AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIBERT, SANDE M	
STREET ADDRESS	1885 N. DEER AVENUE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUEZ, AARON	
STREET ADDRESS	POST OFFICE BOX 8902	
CITY-ST-ZIP	JACKSONVILLE FL 32239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Katherine F. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

904-739-8895

Daytime Phone #

CR2E034 (9/99)