

2000 UNIFORM BUSINESS REPORT (UBR)

1012

DOCUMENT # P990000096151

1. Entity Name
HOMEOWNERS LENDING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 PM 12:13

Principal Place of Business
112 1/2 13TH AVE.
JACKSONVILLE BCH FL 32250

Mailing Address
112 1/2 13TH AVE.
JACKSONVILLE BCH FL 32250

786 Sand Piper Ln.

2. Principal Place of Business
~~1701 The G~~
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50194
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra, FL 32082
Zip Country

City & State
Jacksonville Beach, FL
Zip Country

4. FEI Number
59-3611670

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

ZOK, CHRISTOPHER W
112 1/2 13TH AVE.
JACKSONVILLE BCH FL 32250

Name
John E. Blanks
Street Address (P.O. Box Number is Not Acceptable)
786 Sand Piper Ln
Ponte Vedra, FL 32082
City Zip Code
Ponte Vedra, FL FL 32082

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]* *[Signature]* 9/11/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D BLANKS, JOHN E 112 1/2 13TH AVE. JACKSONVILLE BCH FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOK, CHRISTOPHER W 112 1/2 13TH AVE. JACKSONVILLE BCH FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELK, DAN 407 9TH ST. WEST COLUMBIA SC 29169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *[Signature]* 9/11/00 904-280-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Homeowner's Lending, Inc.



112 1/2 13TH Ave S ♦ Jacksonville, FL 32250
Phone 904-280-0944 ♦ Fax 904-280-0026
1-888-441-9799

September 11, 2000

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

I am sorry! I did not receive my first notice to file my 2000 Uniform Business Report until July 2000. I am a brand new business owner and did not even know to file. I was told to write a letter explaining what happened and send a check for \$150.00 to the Division of Corp. Please excuse my ignorance, it will not happen again.

Sincerely,

John E. Blanks
President
Homeowner's Lending, Inc.
PO Box 50194
Jacksonville Beach, FL 32240-0194