

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46092

1. Entity Name

MFC MORTGAGE, INC. OF FLORIDA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90120 039 ***150.00

Principal Place of Business

4005 MARONDA WAY
 SANFORD FL 32771

Mailing Address

4005 MARONDA WAY
 SANFORD FL 32771-6503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3061810

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARONDA HOMES, INC.
 4005 MARONDA WAY
 SANFORD FL 32771

Name

Wayne Von Dreele

Street Address (P.O. Box Number is Not Acceptable)

4005 Maronda Way

City

Sanford

FL

Zip Code

32771

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

4-28-00

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	DP	<input type="checkbox"/> Delete
NAME	WOLF, WILLIAM J.	
STREET ADDRESS	650 RIDGE ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KATANICH, SAMUEL L.	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOLF, RONALD W.	
STREET ADDRESS	650 RIDGE ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENNEDY, THERESA C.	
STREET ADDRESS	2200 LUCIEN WAY, ST #330	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolf, William J.	
STREET ADDRESS	11 Timberglen Dr.	
CITY-ST-ZIP	Imperial, PA 15126	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Von Dreele	
STREET ADDRESS	4005 Maronda Way	
CITY-ST-ZIP	Sanford, FL 32771	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph F. McDonald	
STREET ADDRESS	11 Timberglen Dr.	
CITY-ST-ZIP	Imperial, PA 15126	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407 321-0064

Daytime Phone #

CR2E034 (9/99)