

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AMENDED

S55203

1. Entity Name

Taylor, Bean & Whitaker Mortgage Corp.

Principal Place of Business

Mailing Address

101 NE 2nd Street
Ocala, FL 34470-6642

101 NE 2nd Street
Ocala, FL 34470-6672

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3069391

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brashear, Bruce
926 NW 13th Street
Gainesville, FL 32601

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)

XX

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 P
NAME Dickinson, Sherry D.
STREET ADDRESS 101 NE 2nd Street
CITY-ST-ZIP Ocala, FL 34470

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

800003423508--7
-10/12/00--01087--009
*****70.00 *****70.00

Change Addition

TITLE Secretary/CEO
NAME Farkas, Lee B.
STREET ADDRESS 101 NE 2nd Street
CITY-ST-ZIP Ocala, FL 34470

Change Addition

TITLE Vice President
NAME Crocker, Greg H.
STREET ADDRESS 14315 SE 103rd Terrace
CITY-ST-ZIP Summerfield, FL 34491

Change Addition

TITLE Director
NAME Roberson, III, Coda C.
STREET ADDRESS 101 NE 2nd Street
CITY-ST-ZIP Ocala, FL 34470

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 04, 2000 (800)728-1129

Date

Daytime Phone #

CR2E034 (9/99)