

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S80729**1. Entity Name  
**CELEBRATION MORTGAGE COMPANY, INC.**

Principal Place of Business	Mailing Address
1375 N BUENA VISTA DR	500 S. BUENA VISTA ST
4 FLR N	
LAKE BUENA VISTA	BURBANK
32830	915210340
US	US
FL	CA

2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
500 S. BUENA VISTA ST  
Suite, Apt. #, etc.City & State  
BURBANKCity & State  
BURBANKZip  
915210586

6. Name and Address of Current Registered Agent

IOPPOLO, FRANK S.  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA  
32830  
US4. FEI Number  
**59-3125092**5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \_\_\_\_\_ **04/17/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
AT	BUETTNER ANNE L	500 SOUTH BUENA VISTA STREET	BURBANK CA 91521	<input type="checkbox"/>	<input type="checkbox"/>
ASD	REED, MARSHA L.	500 S BUENA VISTA ST	BURBANK CA 91521	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	READER PERRY J	610 SYCAMORE STREET SUITE 310	CELEBRATION FL 34747	<input type="checkbox"/>	<input type="checkbox"/>
D	LITVACK, SANFORD M.	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **MARSHA L. REED** S **04/17/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)