

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V59757

1. Entity Name

HAND MORTGAGE CO., INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 003 ***150.00

Principal Place of Business

Mailing Address

555 WEST GRANADA BLVD E-3
ORMOND BEACH FL 32174

555 WEST GRANADA BLVD E-3
ORMOND BEACH FL 32174-9485

2. Principal Place of Business

3. Mailing Address

555 West Granada Blvd.

555 West Granada Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-4

E-4

City & State

City & State

Ormond Beach, FL

Ormond Beach, FL

Zip

Zip

32174

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, BENJAMIN SNOW
1512 OAK FOREST DRIVE
ORMOND BEACH FL 32174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
HAND, BENJAMIN SNOW
1512 OAK FOREST DR.
ORMOND BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
HAND, MARJORIE A.
1512 OAK FOREST DR.
ORMOND BEACH FL

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CITY - ST - ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

904-673-4155

Daytime Phone #