

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071629

1. Entity Name

FAIR CREDIT MORTGAGE INC.

Principal Place of Business

402 4TH TERR.
PALM BEACH GARDENS FL 33408

Mailing Address

402 4TH TERR.
PALM BEACH GARDENS FL 33408

2. Principal Place of Business

7289 GARDEN ROAD

3. Mailing Address

7289 GARDEN ROAD

Suite, Apt. #, etc.

SUITE 109

Suite, Apt. #, etc.

SUITE 109

City & State

RIVIERA BEACH FL

City & State

RIVIERA BEACH FL

Zip

33404

Country

USA

Zip

33404

Country

USA

4. FEI Number

65-0941458

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

~~BLATT, PETER~~ Whitehead, Patrick
505 S FLAGLER STE 1100
WEST PALM BEACH FL 33401

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONOHUE, PAUL
402 4TH TERR.
PALM BEACH GARDENS FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Scott C. Anderson
107 Sandal Lane #2
Palm Beach Shores FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOHAN KALWANI
4920 SAND DUNE CIR, APT-203
WEST PALM BEACH, FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 561-848-1140
Date Daytime Phone #

0294752

CR2E034 (10/00)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 011 ***150.00



DO NOT WRITE IN THIS SPACE