

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

**QUARTERLY REPORT FORM
CHAPTER 494, FLORIDA STATUTES**

FOR QUARTER ENDING: (LAST DAY OF CALENDAR QUARTER)	
BUSINESS LICENSING INFORMATION	
FEDERAL EMPLOYMENT ID NUMBER: (If Social Security Number, enter number in SSN section below) ____ - ____ - ____	BUSINESS LICENSE NUMBER:
LICENSEE NAME:	
QUARTERLY REPORT CONTACT INFORMATION	
COMPLETE NAME OF CONTACT PERSON:	
PHONE NUMBER:	E-MAIL ADDRESS:
LIST OF REPORTED PERSONS: ASSOCIATES AND/OR LOAN ORIGINATORS	
<small>FOR YOUR INITIAL REPORT, COMPLETE THE LIST. IMPORTANT: A MORTGAGE BROKER BUSINESS, EVEN A SOLE PROPRIETOR, MUST HAVE AT LEAST ONE ASSOCIATE TO REPORT: THE PRINCIPAL BROKER. A LENDER MUST HAVE AT LEAST ONE LOAN ORIGINATOR OR ASSOCIATE TO REPORT, UNLESS THE LENDER IS ONLY SERVICING LOANS AND DOES NOT ORIGINATE THEM</small>	
<small>AFTER YOUR INITIAL REPORT, NO FURTHER QUARTERLY REPORTS ARE REQUIRED UNLESS YOU HAVE A CHANGE OR CORRECTION TO MAKE IN REPORTED PERSONS.</small>	
<small>CHECK BOX IF SERVICING LOANS ONLY AND THEREFORE HAVE NO LOAN ORGINATORS:</small>	<input type="checkbox"/>

THIS REPORT IS REQUIRED PURSUANT TO SUBSECTIONS 494.004(6) AND 494.0067(9), FLORIDA STATUTES. EACH QUARTERLY REPORT IS DUE WITHIN 30 DAYS AFTER THE LAST DAY OF EACH CALENDAR QUARTER.

FAILURE TO FILE A REPORT BY THE DEADLINE WILL BE CONSIDERED A VIOLATION OF FLORIDA LAW AND MAY SUBJECT THE LICENSEE TO ADMINISTRATIVE SANCTIONS.

TO FILE YOUR REPORT ELECTRONICALLY, VISIT OUR WEBSITE AT [HTTP://WWW.FLOFR.COM/REAL](http://www.flofr.com/real) FOR FILING INSTRUCTIONS AND FURTHER INFORMATION.

TO FILE MANUALLY, YOUR REPORT MUST BE TYPED. A HAND-WRITTEN REPORT WILL NOT BE ACCEPTED. MAIL YOUR COMPLETED QUARTERLY REPORT TO:

OFFICE OF FINANCIAL REGULATION
BUREAU OF REGULATORY REVIEW
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0376

SSN SECTION
Social Security Number: ____ - ____ - ____

**QUARTERLY REPORT – LIST OF REPORTED PERSONS
ASSOCIATES AND/OR LOAN ORIGINATORS**

Business FEID No. (If FEID is an SSN, enter number in Social Security No. to the right.)	Business License Number:	Quarter Ending:	Social Security No.
__ - __ - ____			__ - __ - ____
Licensee Name:			

Check one box: **New Filing** [to add a new person] **Update to Previous Filing** [to update a person previously reported]

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX [Jr. Sr. etc.]	DATE OF BIRTH	SOCIAL SECURITY NO.
					__ - __ - ____
BRANCH LICENSE# [for office of employment address]	TYPE [check one only]	MB LICENSE # [found on the MB license]	HIRE DATE [mm-dd-yyyy]	TERM DATE [mm-dd-yyyy]	
	<input type="checkbox"/> Associate <input type="checkbox"/> Loan Originator				
RESIDENTIAL ADDRESS [required only for Loan Originators]	CITY	STATE	ZIP		

Check one box: **New Filing** [to add a new person] **Update to Previous Filing** [to update a person previously reported]

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX [Jr. Sr. etc.]	DATE OF BIRTH	SOCIAL SECURITY NO.
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