



117 (1012 0) 04	(front and back) CAREFULLY (NTACT AT FILER [optional]			
051/D 40/// 5001	ACNIT TO: (Nome and Address)	· · · · · · · · · · · · · · · · · · ·		
SEND ACKNOWLEDGN	MENT TO: (Name and Address)			
Riley & Riley				
1950 Stonegat	e Drive, Suite 150			
Birmingham,	AL 35242			
!		THE ABO	VE SPACE IS FOR FILING OFFICE	
INITIAL FINANCING STAT	EMENT FILE#		to be filed [for record] (or DEAL ESTATE RECORD	r recorded) in the
2000-22937			REAL ESTATE RECOR	DS.
		ove is terminated with respect to security interest(s		
CONTINUATION: E	ffectiveness of the Financing Statement identified onal period provided by applicable law.	d above with respect to security interest(s) of the	Secured Party authorizing this Continua	tion Statement is
ASSIGNMENT (full o		and address of assignee in item 7c; and also give	. <u> </u>	
			k only <u>one</u> of these two boxes.	
	ring three boxes and provide appropriate information		ord name	item 7a or 7b, and also
CHANGE name and/or name (if name change)	address: Give current record name in item 6a or 6 in item 7a or 7b and/or new address (if address ch	nange) in item 7c to be deleted in item 6a c		items 7d-7g (if applica
CURRENT RECORD IN	······································			
6a. ORGANIZATION'S N				
6b. INDIVIDUAL'S LAST	Mortgage Corporation	FIRST NAME	MIDDLE NAME	SUFFIX
	NAME	Donald A. and Ann		
Morris		Donard 11. and 11.		
CHANGED (NEW) OR A			<u> </u>	
7a. ORGANIZATION'S N	IAME			
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS				
MAILING ADDRESS				
	I 6	N 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
	ORGANIZATION '	N 71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	_
TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			
TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral		
TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			
TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			· -
TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			_
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TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.			
TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Ieted or added, or give entire restated or	collateral description, or describe collateral a	ssigned.	
TAXID#: SSN OR EIN AMENDMENT (COLLA Describe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Ieted or added, or give entire restated or PARTY OF RECORD AUTHORIZING THE	collateral description, or describe collateral a	Assignment). If this is an Amendment au	horized by a Debtor wh
TAXID#: SSN OR EIN AMENDMENT (COLLA Describe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Ieted or added, or give entire restated or particular and particular	collateral description, or describe collateral a	Assignment). If this is an Amendment au	horized by a Debtor wh
NAME OF SECURED adds collateral or adds the	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Ieted or added, or give entire restated or authorizing Debtor, or if this is a Termination authorizing Debtor.	collateral description, or describe collateral a	Assignment). If this is an Amendment au	horized by a Debtor wh
AMENDMENT (COLLADescribe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. leted or added, or give entire restated or authorizing Debtor, or if this is a Termination authorizing Corporation	collateral description, or describe collateral a	Assignment). If this is an Amendment au	horized by a Debtor wh

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) C		ADDENDUM	
11. INITIAL FINANCING STATEMENT FILE	t (same as item 1a on Amendment i	form)	
12. NAME OF PARTY AUTHORIZING THIS 12a. ORGANIZATION'S NAME	AMENDMENT (same as item 9 o	n Amendment form)	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13. Use this space for additional information			
Secured Party: Sebring	Capital Mortga	ge Corp.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY