

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90198 040 \*\*\*150.00

**DOCUMENT # S11751**

1. Entity Name  
**AMERICAN MORTGAGE ADVISORS, INC.**

Principal Place of Business <b>1001 N. LAKE DESTINY          STE. 175          MAITLAND FL 32751          US</b>	Mailing Address <b>1001 N. LAKE DESTINY          STE. 175          MAITLAND FL 32714-3315          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>375 DOUGLAS AVE</b>	3. Mailing Address <b>375 DOUGLAS AVE</b>
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Suite, Apt. #, etc. <b>SUITE 1000</b>	Suite, Apt. #, etc. <b>SUITE 1000</b>
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City & State <b>ALTAMONTE SPRINGS</b>	City & State <b>ALTAMONTE SPRINGS</b>
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4. FEI Number <b>59-3067513</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32714</b>	Country	Zip <b>32714</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MONCRIEF, JAMES L.          1001 N. LAKE DESTINY RD.          STE. 175          MAITLAND FL 32751</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>375 DOUGLAS AVE</b> <b>SUITE 1000</b> City <b>ALTAMONTE SPRINGS FL</b> Zip Code <b>32714</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P MONCRIEF, JAMES L 861 SILVERWOOD DR LAKE MARY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *James L. Moncrief* **JAMES L. MONCRIEF** 4/26/00 407-875-1789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)