

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000180**

1. Entity Name

American Landmark Mortgage, Ltd.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2728 N. Harvard St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 199000

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dallas, TX

City & State

Dallas, TX

4. FEI Number

75-2799645

Applied For

Not Applicable

Zip

75201

Country

Zip

75219

Country

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

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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 terminating)

DATE

9. Capital Contributions
as Shown on record.

\$ 24,995.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 24,995.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

NAME **F95000001162**
STREET ADDRESS **CTX Mortgage Ventures Corporation**
2728 N. Harvard Street
ST-ZIP **Dallas, TX 75201**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JANET ERICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00

Date

(214) 981-5000

Daytime Phone #

CR2E003 (9/99)