

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90082 020 ***150.00

DOCUMENT # F01000004206

1. Entity Name

COMMERCIAL MORTGAGE ACCEPTANCE CORP.

Principal Place of Business

**303 NORTH BAKER ST
 SUITE 200
 MOUNT DORA FL 32757**

Mailing Address

**303 NORTH BAKER ST
 SUITE 200
 MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-359 0067

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

~~DARNELL, THOMAS~~

**303 BAKER STREET, SUITE 200
 MOUNT DORA FL 32757**

Name

Stanford Morgan

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

303 N. Baker St. Suite 200

City

Mount Dora

FL

Zip Code

32757

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

Stanford Morgan
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-02
 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, 2002 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 **P** ☒ Delete
 NAME **DARNELL, THOMAS**
 STREET ADDRESS **1228 STONESHYRE COURT, N.E.**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE **Pres.** ☐ Delete
 NAME **RAJAPAKSE, DONALD A DR.**
 STREET ADDRESS **882 BRAFFERTON PLACE**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☒ Change ☒ Addition
 NAME **Stanford Morgan**
 STREET ADDRESS **303 N. Baker St #200**
 CITY-ST-ZIP **Mt. Dora, FL. 32757**

TITLE **President** ☒ Change ☐ Addition
 NAME **RAJAPAKSE, DONALD A. DR.**
 STREET ADDRESS **882 BRAFFERTON PLACE**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30083**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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:

Stanford Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02
 Date

352-735-0964
 Daytime Phone #

CR2E034 (9/01)