

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90112 043 \*\*\*150.00

**DOCUMENT # F96000005007**

1. Entity Name  
**AMRESKO RESIDENTIAL MORTGAGE CORPORATION**

Principal Place of Business  
**16800 ASTON ST.  
 IRVINE CA 92714**

Mailing Address  
**700 N. PEARL  
 STE 2400  
 DALLAS TX 75201-2832  
 US**

2. Principal Place of Business  
**700 N. PEARL STREET**

Suite, Apt. #, etc.  
**SUITE 1900**

City & State  
**DALLAS, TX**

Zip  
**75201-7424**

Country  
**USA**

3. Mailing Address  
**700 N. PEARL STREET**

Suite, Apt. #, etc.  
**SUITE 1900**

City & State  
**DALLAS, TX**

Zip  
**75201-7424**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2667449**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVASSEUR, PETER J		NAME	ROYER, MERRI H.	
STREET ADDRESS	16800 ASTON STREET		STREET ADDRESS	700 N. PEARL STREET, SUITE 1900	
CITY-ST-ZIP	IRVINE CA 92606		CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	VCAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRUS, THOMAS J		NAME	KIRKLAND, RONALD B.	
STREET ADDRESS	700 N PEARL ST, STE #2400		STREET ADDRESS	700 N. PEARL STREET, SUITE 1900	
CITY-ST-ZIP	DALLAS TX 75201-7424		CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, L. KEITH		NAME	BLACKWELL, L. KEITH	
STREET ADDRESS	700 N. PEARL, #2400 LB 342		STREET ADDRESS	700 N. PEARL STREET, SUITE 1900	
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP	DALLAS, TX 75201	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *L. Keith Blackwell* **L. Keith Blackwell, President** **4-26-2000** **214-953-7727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)