

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000000774**

1. Entity Name

**WINDSOR CAPITAL MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

**2533 S COAST HWY 101  
SUITE 250  
CARDIFF CA 92007****2533 S COAST HWY 101  
SUITE 250  
CARDIFF CA 92007**

2. Principal Place of Business

**169 SAXONY ROAD, SUITE 213**

Suite, Apt. #, etc.

**SUITE 213**

3. Mailing Address

**169 SAXONY ROAD, SUITE 213**

Suite, Apt. #, etc.

**SUITE 213**

City &amp; State

**ENCINITAS, CA**

City &amp; State

**ENCINITAS, CA**

Zip

**92024**

Country

**USA**

Zip

**92024**

Country

**USA**

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

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

(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, 2001 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

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>THRANE, FREDERIC W JR</b>	
STREET ADDRESS	<b>2533 S COAST HWY 101 SUITE 250</b>	
CITY-ST-ZIP	<b>CARDIFF CA 92007</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLMSTEAD, MICHAEL J</b>	
STREET ADDRESS	<b>2775 VIA DE LA VALLE, STE. 101</b>	
CITY-ST-ZIP	<b>DEL MAR CA 92014</b>	
TITLE	<b>SVR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ORGAN, CLAUDE H III</b>	
STREET ADDRESS	<b>2533 S COAST HWY 101 SUITE 250</b>	
CITY-ST-ZIP	<b>CARDIFF CA 92007</b>	
TITLE	<b>VPB</b>	<input type="checkbox"/> Delete
NAME	<b>BAR-LEV, NAOMI Yael</b>	
STREET ADDRESS	<b>2533 S HWY 101 250</b>	
CITY-ST-ZIP	<b>CARDIFF CA 92007</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DELGADO, ROBERT E</b>	
STREET ADDRESS	<b>2533 S COAST HWY 101 SUITE 250</b>	
CITY-ST-ZIP	<b>CARDIFF CA 92007</b>	
TITLE	<b>VPML</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARTER, RONALD E</b>	
STREET ADDRESS	<b>2533 S COAST HWY 101, STE 250</b>	
CITY-ST-ZIP	<b>CARDIFF CA 92007</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>169 SAXONY ROAD, SUITE 213</b>
CITY-ST-ZIP	<b>ENCINITAS, CA 92024</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>169 SAXONY ROAD, SUITE 213</b>
CITY-ST-ZIP	<b>ENCINITAS, CA 92024</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>169 SAXONY ROAD, SUITE 213</b>
CITY-ST-ZIP	<b>ENCINITAS, CA 92024</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT E. DELGADO**

01/10/01

(760) 632-5000

Date

Daytime Phone #

CR2E034 (10/00)

0832127

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90023 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE