

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000080

1. Entity Name

AMERICAN ACCEPTANCE MORTGAGE CORPORATION

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90334 037 \*\*\*150.00

0686723

Principal Place of Business  
1471 S. WOODWARD AVE., STE 260  
BLOOMFIELD HILLS MI 48302

Mailing Address  
1471 S. WOODWARD AVE., STE 260  
BLOOMFIELD HILLS MI 48302

A0039514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
43902 WOODWARD AVE.  
Suite, Apt. #, etc.  
SUITE 20

3. Mailing Address  
43902 WOODWARD AVE.  
Suite, Apt. #, etc.  
SUITE 20

City & State  
BLOOMFIELD HILLS, MI  
Zip 48302 Country USA

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BLOOMFIELD HILLS, MI  
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4. FEI Number 38-2906032  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DANIELS, LOREN S  
350 S OCEAN BLVD., 11D  
BOCA RATON FL 33432

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 Allen D. Daniels Allen D. Daniels 3/27/01  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, ALLAN D. 1471 S. WOODWARD AVE., STE 260 BLOOMFIELD HILLS MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANIELS, LOREN S 350 S. OCEAN BLVD 11D BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, ALLAN D. 43902 WOODWARD AVE., STE. 20 BLOOMFIELD HILLS, MI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Allen D. Daniels Allen D. Daniels 3/27/01 2483352/66  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)