

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90116 044 \*\*\*158.75

**DOCUMENT # H44207**

**1. Entity Name**  
**ALTERNATIVE MORTGAGE FUNDING CORPORATION**

**Principal Place of Business**  
 222 S. WESTMONTE DRIVE  
 SUITE 116  
 ALTAMONTE SPRING FL 32714-4268  
 US

**Mailing Address**  
 215 N WESTMONTE DR  
 ALTAMONTE SPRING FL 32714  
 US



**2. Principal Place of Business**  
 222 South Westmonte Dr

**3. Mailing Address**  
 222 South Westmonte Dr

Suite, Apt. #, etc.  
 Suite 116

Suite, Apt. #, etc.  
 Suite 116

City & State  
 ALTAMONTE SPRINGS FL

City & State  
 ALTAMONTE SPRINGS, FL

Zip  
 32714

Country  
 SEMINOLE

Zip  
 32714

Country  
 SEMINOLE

**4. FEI Number** 59-2532541

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAMUELS, ROBERT M.**  
 160 N WESTMONTE DR #102  
 ALTAMONTE SPRINGS FL 32714

**7. Name and Address of New Registered Agent**

Name

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

222 South Westmonte Drive

Suite 116

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** SAMUELS, ROBERT M.  
**STREET ADDRESS** 160 N WESTMONTE DR #102  
**CITY-ST-ZIP** ALTAMONTE SPRINGS FL 32714

**TITLE** VD ☐ Delete  
**NAME** SAMUELS, DIANE R  
**STREET ADDRESS** 160 N WESTMONTE DR #102  
**CITY-ST-ZIP** ALTAMONTE SPRINGS FL 32714

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 222 South Westmonte Dr., Suite 116  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 222 South Westmonte Dr., Suite 116  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** Robert M. Samuels  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 407-774-9009

Date

Daytime Phone #

CR2E034 (9/01)