

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001310

1. Entity Name

AMERICAN PRIORITY MORTGAGE, LLC

FILED

01 APR 30 PM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MAC X2404-035, 1 HOME CAMPUS
DES MOINES IA 50328-0001

Mailing Address

MAC X2404-035, 1 HOME CAMPUS
DES MOINES IA 50328-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Home Campus

3. Mailing Address

1 Home Campus

Suite, Apt. #, etc.

MAC X2401-049

Suite, Apt. #, etc.

MAC X2401-049

City & State

City & State

4. FEI Number

72-1459489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
WELLS FARGO VENTURES, LLC ☐ Delete
STREET ADDRESS MAC X2404-035, 1 HOME CAMPUS
CITY-ST-ZIP DES MOINES IA 50328-0001

TITLE NAME Wells Fargo Home Mortgage DBA Wells Fargo Ventures, LLC ☒ Change ☐ Addition
STREET ADDRESS 1 Home Campus, MAC X2401-049
CITY-ST-ZIP

TITLE NAME MGRM
WEEKLEY HOMES, LP ☐ Delete
STREET ADDRESS 2222 N. POST OAK ROAD
CITY-ST-ZIP HOUSTON TX 77055

TITLE NAME 200004217342-5 ☐ Change ☐ Addition
STREET ADDRESS -05/15/01--01079--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Shawn McMillan VP-TAX 4/24/01

515-213-7518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/00)