

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087660

1. Entity Name

AAALLSAFE MORTGAGE CORPORATION

Principal Place of Business

6325 PRESIDENTIAL CT.  
SUITE 8  
FT. MYERS FL 33919

Mailing Address

6325 PRESIDENTIAL CT.  
SUITE 8  
FT. MYERS FL 33919-3515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0453465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINIX, TRAVIS  
3691 WINKLER AVE.  
#822  
FT. MYERS FL 33916

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, 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	V	<input type="checkbox"/> Delete
NAME	MINIX, TRAVIS	
STREET ADDRESS	1512 WHISKEY CREEK DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAGE, DOUGLAS A	
STREET ADDRESS	1717 N E 3RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	P	<input type="checkbox"/> Delete
NAME	SPEARS, MERWIN P	
STREET ADDRESS	2106 S W 44TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2431 HARVARD AVE.	
STREET ADDRESS	FT. MYERS, FL 33907	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7720 NAUPE GRADE RD.	
STREET ADDRESS	N. FT. MYERS, FL 33917	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INTORGIA, JOSEPH J	
STREET ADDRESS	3942 SE 9TH CT,	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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		

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

3-22-00

Date

941-432-0055

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)