

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 08:00 AM  
Secretary of State

DOCUMENT # P98000041699

1. Entity Name  
UNITED AMERICA MORTGAGE BANKING CORP.

Principal Place of Business  
1215 K STREET, 17TH FLOOR  
SACRAMENTO CA 95814 US

Mailing Address  
1215 K STREET, 17TH FLOOR  
SACRAMENTO CA 95814 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
94-3300181

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KNIGHT SHIRLEY  
7611 S. ORANGE BL. TR.  
#339  
ORLANDO FL 32809 US

## 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)

09/18/2000

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

TITLE S ☐ Delete  
NAME ALLEN LEWIS  
STREET ADDRESS 7611 S. ORANGE BLOSSOM TRAIL #339  
CITY-ST-ZIP ORLANDO FL 32809

TITLE CEO ☐ Delete  
NAME BROOKS MICHAEL  
STREET ADDRESS 7611 S. ORANGE BLOSSOM TRAIL #339  
CITY-ST-ZIP ORLANDO FL 32809

TITLE P ☐ Delete  
NAME KNIGHT SHIRLEY  
STREET ADDRESS 7611 S. ORANGE BLOSSOM TRAIL #339  
CITY-ST-ZIP ORLANDO FL 32809

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  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: Shirley Knight

Doc: 09/18/2000