

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043358

1. Entity Name

AMERI-CAP MORTGAGE GROUP, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90113 014 \*\*\*150.00

Principal Place of Business

150 SOUTH PINE ISLAND RD  
 SUITE 500  
 PLANTATION FL 33324  
 US

Mailing Address

150 SOUTH PINE ISLAND RD  
 SUITE 500  
 PLANTATION FL 33324-2665  
 US

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

65-0878324

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

HELLMAN, MAYNARD J  
 150 SOUTH PINE ISLAND ROAD  
 SUITE 500  
 PLANTATION FL 33324

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 D ☒ Delete  
 NAME PRESS, ROBERT D  
 STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, STE 500  
 CITY-ST-ZIP PLANTATION FL 33324

TITLE D, P ☐ Delete  
 NAME RERRICK, MALCOLM  
 STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, STE 500  
 CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☒ Delete  
 NAME BAVARRO, CRAIG  
 STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, STE 500  
 CITY-ST-ZIP PLANTATION FL 33324

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP, D ☐ Change ☒ Addition  
 NAME Darlene Deary  
 STREET ADDRESS 150 S. Pine Island Rd #500  
 CITY-ST-ZIP Plantation FL 33324

TITLE S, D ☐ Change ☒ Addition  
 NAME Alyce B. Schreiber  
 STREET ADDRESS 150 S. Pine Island Rd. #500  
 CITY-ST-ZIP Plantation, FL 33324

TITLE D, ☒ Change ☒ Addition  
 NAME Robert Press  
 STREET ADDRESS 150 S. Pine Island Rd #500  
 CITY-ST-ZIP Plantation, FL 33324

ADDRESS  
 CITY-ST-ZIP

ADDRESS  
 CITY-ST-ZIP

TITLE  
 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

Date

Daytime Phone #

Alyce B. Schreiber 4/27/2000 954-577-9225

CR2E034 (9/99)