

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049414

1. Entity Name

ADVANTAGE HOME LOAN CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90030 032 ***150.00

Principal Place of Business

Mailing Address

800 W CYPRESS CREEK RD
SUITE 340
FT. LAUDERDALE FL 33309

800 W CYPRESS CREEK RD
SUITE 340
FT. LAUDERDALE FL 33309-2063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 W. Cypress Creek Rd.

800 W. Cypress Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Ft. Lauderdale, Fl.

Ft. Lauderdale, Fl.

Zip

Country

Zip

Country

33309

USA

33309 - 2063

USA

4. FEI Number

65-0842797

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

ROSS, CALVIN F
800 W CYPRESS CREEK RD
SUITE 340
FT. LAUDERDALE FL 33309

Name Ross, Calvin F

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

800 W. Cypress Creek Rd.

Suite 500

City Ft. Lauderdale

FL

Zip Code 33309

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

Calvin Ross, President

4/30/2000

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 PVPD ☐ Delete
NAME ROSS, CALVIN F
STREET ADDRESS 800 W CYPRESS CREEK RD, STE 340
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE PVPD ☒ Change ☐ Addition
NAME Ross, Calvin F.
STREET ADDRESS 800 W. Cypress Creek Rd., Ste. 500
CITY-ST-ZIP Ft. Lauderdale, Fl. 33309

TITLE TSD ☐ Delete
NAME ROSS, JANICE M
STREET ADDRESS 800 W CYPRESS CREEK RD, STE 340
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE TSD ☒ Change ☐ Addition
NAME Ross, Janice M.
STREET ADDRESS 800 W. Cypress Creek Rd., Ste. 500
CITY-ST-ZIP Ft. Lauderdale, Fl. 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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:

Calvin Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000

Date

(954) 958-8010

Daytime Phone #

CR2E034 (9/99)