

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90113 029 \*\*\*150.00

**DOCUMENT # P98000103966**

1. Entity Name  
**AMERI-CAP MORTGAGE LENDING CORP.**

Principal Place of Business      Mailing Address  
 150 S PINE IS RD STE 500      150 S PINE IS RD STE 500  
 PLANTATION FL 33324      PLANTATION FL 33324-2665

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      65-0881918      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HELLMAN, MAYNARD J**  
**150 S PINE IS RD STE 500**  
**PLANTATION FL 33324**

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)      DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.      ☐      **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      ☐      \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  
 TITLE      **D**      ☒ Delete  
 NAME      **PRESS, ROBERT D**  
 STREET ADDRESS      **150 S PINE IS RD STE 500**  
 CITY-ST-ZIP      **PLANTATION FL 33324**

12.      ☒ ORS IN 11  
 TITLE      **P. Malcolm Resnick**      Change      ☒ Addition  
 NAME      **150 S PINE ISLAND RD SUITE 500**  
 STREET ADDRESS      **PLANTATION, FL 33324**  
 CITY-ST-ZIP      **PLANTATION, FL 33324**

TITLE      **V.P. Laura Escobar**      ☐ Change      ☒ Addition  
 NAME      **150 S PINE ISLAND RD SUITE 500**  
 STREET ADDRESS      **PLANTATION, FL 33324**  
 CITY-ST-ZIP      **PLANTATION, FL 33324**

TITLE      **V.P. Tony Acquaviva**      ☐ Change      ☒ Addition  
 NAME      **150 S PINE ISLAND RD SUITE 500**  
 STREET ADDRESS      **PLANTATION, FL 33324**  
 CITY-ST-ZIP      **PLANTATION, FL 33324**

TITLE      **V.P.S. Darlene Deary**      ☐ Change      ☒ Addition  
 NAME      **150 S PINE ISLAND RD SUITE 500**  
 STREET ADDRESS      **PLANTATION, FL 33324**  
 CITY-ST-ZIP      **PLANTATION, FL 33324**

TITLE      **S. Alyce B. Schreiber**      ☐ Change      ☒ Addition  
 NAME      **150 S PINE ISLAND RD SUITE 500**  
 STREET ADDRESS      **PLANTATION, FL 33324**  
 CITY-ST-ZIP      **PLANTATION, FL 33324**

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:      **Alyce B. Schreiber**      **4-27-2000 (954) 577-9225**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone \*