

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054081

1. Entity Name

ALL AMERICAN MORTGAGE FUNDING, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90041 028 \*\*\*158.75

Principal Place of Business

1320 EAST BARTON STREET  
LONGWOOD FL 32750

Mailing Address:

POST OFFICE BOX 1472  
LONGWOOD FL 32752

2. Principal Place of Business

1018 W.S.R. 434

3. Mailing Address

P.O. Box 522451

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

LONGWOOD, FL.

City & State

LONGWOOD

4. FEI Number

69-3581723

Applied For

Not Applicable

Zip

32750

Country

SEMINOLE

Zip

327522451

Country

SEMINOLE

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.  
(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 PTD  
NAME GOWEN, CHARLES  
STREET ADDRESS 1320 EAST BARTON STREET  
CITY-ST-ZIP LONGWOOD FL 32750

☒ Delete

TITLE SVD  
NAME CALLES, HECTOR R  
STREET ADDRESS 1320 EAST BARTON STREET  
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDT.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SUSAN F. RYAN P.D.S.  
1320 E. BARTON ST.  
LONGWOOD, FL 32750

☒ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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:

Susan F. Ryan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/2000

Daytime Phone #

407-831-8999

CR2E034 (9/99)