

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062236

1. Entity Name

EXCELSIOR MORTGAGE CORPORATION

Principal Place of Business

P.O. BOX 593462  
ORLANDO FL 32859-3462

Mailing Address

P.O. BOX 593462  
ORLANDO FL 32859-3462

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

593586938

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

LAMOUR, ALEJANDRO  
1005 W. OAKRIDGE RD., STE. #3  
ORLANDO FL 32809

Name LAMOUR, Alejandro

Street Address (P.O. Box Number is Not Acceptable)  
2237 Blossom Terrace

City Orlando

FL

Zip Code 32839-3826

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 LAMOUR, ALEJANDRO  
STREET ADDRESS 1005 W. OAKRIDGE RD.  
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☒ Change ☐ Addition  
NAME LAMOUR, Alejandro  
STREET ADDRESS 2237 Blossom Terrace  
CITY-ST-ZIP Orlando, FL 32839-3826

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition  
NAME Vanela, Sandra  
STREET ADDRESS 3925 Maple Manor  
CITY-ST-ZIP Indiana polis, Indiana 46237

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  
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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90182 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4-27-00

407-240-0098