

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000085892**

1. Entity Name

**AMERICAN SPIRIT MORTGAGES, INC.** ✓**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90151 004 \*\*\*550.00

Principal Place of Business

**1208 ROLLINGWOOD DR.  
TARPON SPRINGS FL 34689**

Mailing Address

**1208 ROLLINGWOOD DR.  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

**36477 U.S. HWY 19 N**

3. Mailing Address

**36477 U.S. HWY 19 N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>PALM HARBOR FL</b>		City & State <b>PALM HARBOR FL</b>		4. FEI Number <b>59-3602482</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34689</b>	Country <b>PIRELLAS</b>	Zip <b>34689</b>	Country <b>PIRELLAS</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DELAPORTAS, VISSARIO  
1208 ROLLINGWOOD DR.  
TARPON SPRINGS FL 34689**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAPORTAS, VISSARIO</b>	NAME	
STREET ADDRESS	<b>1208 ROLLINGWOOD DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/00 727 772-7630**

CR2E034 (5/00)