

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90035 009 \*\*\*150.00

947131



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000109248**

**1. Entity Name**  
**AMERICAN PREMIER MORTGAGE CORPORATION**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
11317 LITTLE RD. PORT RICHEY FL 34654	11317 LITTLE RD. NEW PORT RICHEY FL 34654

<b>2. Principal Place of Business</b> <del>11317 Little Rd</del> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <del>11317 Little Rd</del> Suite, Apt. #, etc.
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<b>City &amp; State</b> <del>New Port Richey, FL</del>	<b>City &amp; State</b> <del>New Port Richey, FL</del>
<b>Zip</b> <del>34654</del>	<b>Zip</b> <del>34654</del>
<b>Country</b> <del>Pasco</del>	<b>Country</b> <del>Pasco</del>

<b>4. FEI Number</b> 59-3615312	<b>Applied For</b> Not Applicable
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**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**

**KLEMMER, ANTHONY J**  
**11317 LITTLE RD.**  
**NEW PORT RICHEY FL 34654**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PT <input type="checkbox"/> Delete <b>NAME</b> KLEMMER, ANTHONY J <b>STREET ADDRESS</b> 5808 ELKHORN BLVD. <b>CITY-ST-ZIP</b> HOLIDAY FL 34690		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VS <input type="checkbox"/> Delete <b>NAME</b> KLEMMER, DANNE E <b>STREET ADDRESS</b> 5808 ELKHORN BLVD. <b>CITY-ST-ZIP</b> HOLIDAY FL 34690		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Anthony J. Klemmer* **Anthony Klemmer** **4/19/00** **727-862-2889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)