

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11751

1. Entity Name

AMERICAN MORTGAGE ADVISORS, INC.

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

05-15-2000 90198 040 ***150.00

Principal Place of Business

1001 N. LAKE DESTINY
STE. 175
MAITLAND FL 32751
US

Mailing Address

1001 N. LAKE DESTINY
STE. 175
MAITLAND FL 32714-3315
US

2. Principal Place of Business

375 DOUGLAS AVE
Suite, Apt. #, etc.
SUITE 1000

3. Mailing Address

375 DOUGLAS AVE
Suite, Apt. #, etc.
SUITE 1000

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

Zip

32714

Country

4. FEI Number

59-3067513

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

MONCRIEF, JAMES L.
1001 N. LAKE DESTINY RD.
STE. 175
MAITLAND FL 32751

Name

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

375 DOUGLAS AVE

SUITE 1000

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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	P	<input type="checkbox"/> Delete
NAME	MONCRIEF, JAMES L	
STREET ADDRESS	861 SILVERWOOD DR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James L. Moncrief

JAMES L. MONCRIEF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

407-875-1788
Daytime Phone #

CR2E034 (9/99)