

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90134 025 \*\*\*158.75

**DOCUMENT # P34689**

1. Entity Name

**AMERICAN AUTO CLUB ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

927 M STREET  
 LINCOLN NE 68508  
 US

927 M STREET  
 LINCOLN NE 68508-3626  
 US

2. Principal Place of Business

3. Mailing Address

941 "0" Street

941 "0" Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-2

Suite B-2

City & State

City & State

Lincoln NE

Lincoln NE

Zip

Country

Zip

Country

68508

Lancaster

68508

Lancaster



DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0698618**

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

HELMS, EDWARD ARNOLD  
 RT 1 BOX 1462  
 PONCE DE LEON FL 32455

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MUSIEL, DAVID	
STREET ADDRESS	19101 S 96TH	
CITY-ST-ZIP	HICKMAN NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, REGINALD	
STREET ADDRESS	7629 MEREDITH AVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PASIKA, DEBORAH L	
STREET ADDRESS	5555 CANTERBURY LANE	
CITY-ST-ZIP	LINCOLN NE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela D. Zessin	
STREET ADDRESS	3024 Dudley Street	
CITY-ST-ZIP	Lincoln NE 68503	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Musiel	
STREET ADDRESS	4548 Eagle Ridge Rd.	
CITY-ST-ZIP	Lincoln NE 68516	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Musiel	
STREET ADDRESS	4548 Eagle Ridge Rd	
CITY-ST-ZIP	Lincoln NE 68516	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Musiel

4/17/00 402-477-7006

Date

Daytime Phone #