

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38569

1. Entity Name

AMERI-DREAM AFFORDABLE HOMES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90099 009 ***150.00

Principal Place of Business 7124 CONGRESS ST. NEW PORT RICHEY FL 34653 US	Mailing Address 7124 CONGRESS ST. NEW PORT RICHEY FL 34653-1841 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 555 City Park Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Columbus OH	
Zip	Country	Zip 43215	Country

4. FEI Number 31-1346396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, NANCY L.
17210 68TH COURT SW
FT. LAUDERDALE FL 33319

Name Nancy L. Smith
Street Address (P.O. Box Number is Not Acceptable) 7124 Congress St.
City New Port Richey FL Zip Code 34653

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CPS SMITH, NANCY L. 17210 68TH COURT SW FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy L. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 City Park Ave. Columbus OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SCHOTTENSTEIN, IRVING 555 CITY PARK AVE. COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, NANCY L. 17210 68TH COURT SW FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy L. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 City Park Ave. Columbus OH 43215
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X *Nancy L. Smith* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** X **4/26/00** **Date** **Daytime Phone #**

CREC014 (03/99)