

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90002 048 ***150.00

DOCUMENT # 99000089378
1. Entity Name
Americans Developing and Preserving Together, Inc

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.
2521 Hughes Ave 2521 Hughes Ave

City & State
Claymont, DE Claymont, DE

Zip Country Zip Country
19703 U.S.A. 19703 U.S.A.

4. FEI Number **Applied For**
65-0985310 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00052752

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Larry Loyal
5100 N Federal Hwy, Suite 409
Fort Lauderdale, FL 33308

7. Name and Address of New Registered Agent
Name M Peter Amara
Street Address (P.O. Box Number is Not Acceptable)
10735 Shady Pond Lane
City Boca Raton **FL** **Zip Code** 33428

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 M. PETER AMARAL M Peter Amara 4/25/00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jim Johnson</u> <u>20 Justice Lane</u> <u>Conway AR 72033</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer</u> <u>George Giacometti</u> <u>2521 Hughes Ave</u> <u>Claymont, DE 19703</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Ron Davis</u> <u>311 Babwhite Road</u> <u>Lonoke, AR 72086</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Jack Engelkes</u> <u>1030 Regina Cove</u> <u>Conway, AR 72032</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>George Wolff</u> <u>2802 Millbrook Road</u> <u>Little Rock AR 72221</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] 25 April 2000 (501) 985-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)