

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90252 023 \*\*\*150.00

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**DOCUMENT # P99000089378**

1. Entity Name  
**AMERICANS DEVELOPING AND PRESERVING TOGETHER, IN C.**

Principal Place of Business <b>4850 ST JAMES AVE TITUSVILLE FL 32780</b>	Mailing Address <b>300 FIFTH AVE SOUTH SUITE 101-200 NAPLES FL 34102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0985310</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**WATTS, RENITA  
 4850 ST JAMES AVE  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	CD	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JIM</b>	
STREET ADDRESS	<b>20 JUSTICE LN</b>	
CITY-ST-ZIP	<b>CONWAY AR 72033</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GIACOMETTI, GEORGE</b>	
STREET ADDRESS	<b>2521 HUGHES AVE</b>	
CITY-ST-ZIP	<b>CLAYMONT DE 19703</b>	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	<b>DAVIS, RON</b>	
STREET ADDRESS	<b>311 BOBWHITE ROAD</b>	
CITY-ST-ZIP	<b>LONOKE AR 72086</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ENGELKES, JACK</b>	
STREET ADDRESS	<b>1030 REGINA COVE</b>	
CITY-ST-ZIP	<b>CONWAY AR 72032</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WOLFF, DR. GEORGE</b>	
STREET ADDRESS	<b>2802 MILLBROOK</b>	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72221</b>	
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
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

Date \_\_\_\_\_  
 Daytime Phone # **800 320 9135**

CR2E034 (9/01)