

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90191 015 ***150.00

DOCUMENT # 143132

1. Entity Name
AMERICAN DEVELOPMENT CORPORATION

Principal Place of Business

**4000 OLD DIXIE HWY
 ORMOND BCH FL 32174
 US**

Mailing Address

**4000 OLD DIXIE HWY
 ORMOND BCH FL 32174
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-1841061**

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

**TUMBLESON, J. DOYLE
 150 S.PALMETTO AVE.
 DAYTONA BEACH FL 32014**

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **UANINO, ANTHONY**
 STREET ADDRESS **3400 HALIFAX CLUB HOUSE DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **RODGERS, ANN**
 STREET ADDRESS **4000 OLD DIXIE HWY**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **COLLINS, JOHN**
 STREET ADDRESS **4000 OLD DIXIE HIGHWAY**
 CITY-ST-ZIP **ORMOND BEACH FL 32179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **JAROSIK, THOMAS**
 STREET ADDRESS **4000 OLD DIXIE HWY**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **AS/D**
 STREET ADDRESS **SLOOTMAKER, ADRIAN P**
 CITY-ST-ZIP **280 CORPORATE CENTER, 7BECKER FARM RD ROSELAND, NJ 07068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (9/01)