

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90081 037 ***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**

30017013



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1841061**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE **ASD** ☐ Delete
NAME **SLOOTMAKER, ADRIAN P**
STREET ADDRESS **280 CORP CTR, 7 BECKER FARM RD**
CITY-ST-ZIP **ROSELAND NJ 07068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPE** ☐ Change ☒ Addition
NAME **MINK, BILL**
STREET ADDRESS **200 CAMPUS DRIVE STE 200**
CITY-ST-ZIP **FLORHAM PARK NJ 07932**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

Date

386.676.9600

Daytime Phone #

CR2E034 (10/02)