## 2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or suppleme of the corporation or the receiver of changed, or on an attachment w

## FILED DOCUMENT # 577515 Apr 03, 2000 8:00 am Secretary of State THE GREAT AMERICAN HOLDING COMPANY, INC. 04-03-2000 90168 004 \*\*\*150.00 Principal Place of Business Mailing Address 943 E. FT. KING ST. 943 E. FT. KING ST. P.O. BOX 3778 P.O. BOX 3778 OCALA FL 34478 OCALA FL 34478-3778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1833413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORE, JR., MERRITT C. Street Address (P.O. Box Number is Not Acceptable) 943 SOUTHEAST FORT KING STREET OCALA FL 34471 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD ☐ Change ☐ Addition ☐ De!ete TITLE TITLE FORE, JR., MERRITT C. NAME NAME 943 S.E. FT. KING ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change Addition ☐ Delete TITLE CAMP, GENE B. NAME NAME STREET ADDRESS 943 SE FT KING STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition TITLE - 🔲 - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director egule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supp d with this filing dees

e empowered

IGNING OFFICER OR DIRECTOR