

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 10, 2000 08:00 AM****Secretary of State****DOCUMENT # 689129**1. Entity Name
A.M.F.C., INC.

Principal Place of Business

17621 OAK CREEK RD

ALVA
33920

FL

Mailing Address

17621 OAK CREEK RD

ALVA
33920

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2037873

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALLAM, RICHARD M.
17621 OAK CREEK RD.ALVA
33920

FL

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 **RICHARD M. HALLAM**

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

(NOTE: Registered Agent signature required when reinstating)

07/10/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME GALLGHEY PATRICK M
STREET ADDRESS 17621 OAK CREEK RD
CITY-ST-ZIP ALVA FLTITLE VD ☐ Delete
NAME HALLAM, CLAUDETTE P.
STREET ADDRESS 17621 OAK CREEK RD.
CITY-ST-ZIP ALVA FLTITLE D ☐ Delete
NAME HALLAM, RICHARD M
STREET ADDRESS 17621 OAK CREEK RD.
CITY-ST-ZIP ALVA FLTITLE PST ☐ Delete
NAME HALLAM, RICHARD M
STREET ADDRESS 17621 OAK CREEK RD.
CITY-ST-ZIP ALVA FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition
NAME DUFFY MARYANN
STREET ADDRESS 17621 OAK CREEK RD
CITY-ST-ZIP ALVA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Richard M. Hallam

PST

07/10/2000