

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 846391**1. Entity Name
THE AMERICAN TRAVELER MOTOR CLUB, INC.Principal Place of Business
2001 SIESTA DRIVE
SARASOTA FL 342395232 US
Mailing Address
P.O. BOX 1838
SARASOTA FL 342301838 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
36-3043562
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LIBERTORE, DOUGLAS S**
13 BUCHANS LANDING**ENGLEWOOD** FL
34223**7. Name and Address of New Registered Agent**Name
LIBERTORE, DOUGLAS S
Street Address (P.O. Box Number is Not Acceptable)
2001 SIESTA DRIVECity
SARASOTA FL Zip Code
34239

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 **DOUGLAS S. LIBERTORE****04/27/2001**

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.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 342395232	<input type="checkbox"/> Delete
		SCOTT LIBERTORE D	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input type="checkbox"/> Delete
		KIRSHY VIRGINIA	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input type="checkbox"/> Delete
		VP FORBES, SUSAN K.	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input type="checkbox"/> Delete
		COBD LIBERTORE, DOUGLAS S	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input type="checkbox"/> Delete
		D ZUCARO, ALDO C	307 N MICHIGAN AVE	CHICAGO	IL	<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 342395232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		SCOTT LIBERTORE D	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		T KIRSHY VIRGINIA M	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		VP FORBES SUSAN K	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		COBD LIBERTORE DOUGLAS S	2001 SIESTA DRIVE	SARASOTA	FL 342395232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		D ZUCARO ALDO C	307 N MICHIGAN AVE	CHICAGO	IL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Virginia M. Kirshy

T

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)