

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90006 045 \*\*\*\*61.25

**DOCUMENT # F96000003600**

1. Entity Name

**THE AMERICAN OPPORTUNITY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

5755 DUPREE DR NW #110  
ATLANTA GA 30327

5755 DUPREE DR NW #110  
ATLANTA GA 30327-4352

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1533966**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	KENNEDY, PHILIP J	5561 ARUNDEL DR NW	ATLANTA GA 30327	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	CORREA, SYLVIA A	215 PIEDMONT RD #1901	ATLANTA GA 30308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DERRICK, ROBERT R	2031 SPRINGLAKE DR	ATLANTA GA 30305	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FLINT, DAVID H	985 IVY FALLS DR	ATLANTA GA 30328	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HAMMER, JACK T	1900 SUNSET HARBOR DR PH #2	MIAMI BCH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

*Philip J. Kennedy*  
*President* 4/22/00 (770) 937-0377

CR2E037 (9/99)