

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004813

1. Entity Name

AMERICAN MILLENNIUM CORPORATION, INC. USA

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90119 001 \*\*\*550.00  
 07-25-2000 90119 002 \*\*\*\*\*8.75

Principal Place of Business

303 N. BAKER ST  
 SUITE 200  
 MOUNT DORA FL 32757

Mailing Address

303 N. BAKER ST  
 SUITE 200  
 MOUNT DORA FL 32757

2. Principal Place of Business

1010 10th Street

3. Mailing Address

1010 10th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Golden, CO

City & State

Golden, CO

Zip

80401

Country

USA

Zip

80401

Country

USA

4. FEI Number

85-0273340

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STATHAM, JAMES C  
 303 N. BAKER ST  
 SUITE 200  
 MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name Corporate Creations Network Inc.

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

741 Fourth Street # 200

City

Miami Beach

FL

Zip Code

33139

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	BACON, BRUCE R	
STREET ADDRESS	2117 CEDAR ST	
CITY-ST-ZIP	FOREST GROVE OR 97116	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	CAUTHEN, ANDREW F	
STREET ADDRESS	6125 W SAM HOUSTON PKWY N, STE 504	
CITY-ST-ZIP	HOUSTON TX 77041	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMON, SHIRLEY	
STREET ADDRESS	1947 NW 102ND BLVD	
CITY-ST-ZIP	WILWOOD FL 34785	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	STATHAM, JAMES C	
STREET ADDRESS	P.O. BOX 808	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	WATWOOD, STEPHEN F	
STREET ADDRESS	17835 RCR 29	
CITY-ST-ZIP	OAK CREEK CO 80467	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIEGLER, RENEE C	
STREET ADDRESS	24847 JEFFERSON ST	
CITY-ST-ZIP	ATATULA FL 34705	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 10th Street, Suite 100	
CITY-ST-ZIP	Golden, CO 80401	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 Wilcrest, Suite 200	
CITY-ST-ZIP	Houston, TX 77041	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVCEB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley A. Harmon	
STREET ADDRESS	100 10th Street, Suite 100	
CITY-ST-ZIP	Golden, CO 80401	

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:

*Bruce R. Bacon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/7/00

Daytime Phone #

303-279-2002