

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32509

1. Entity Name

AMERICAN AFFORDABLE HOUSING, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90012 001 \*\*\*150.00

03-24-2000 90012 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

HC4 BOX 963  
OLD TOWN FL 32680

HC4 BOX 963  
OLD TOWN FL 32680-9165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 607

Old Town FL

32680



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2718751

Applied For

Not Applicable

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

SHAW, ELLIOT S.  
1615 FORUM PLACE  
SUITE 1-B  
WEST PALM BEACH FL 33401

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

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, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME MACLEOD, KIM  
STREET ADDRESS 1314 STRATFORD ST.  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

TITLE DP  
NAME MacLeod Kim  
STREET ADDRESS P.O. Box 607  
CITY-ST-ZIP Old Town FL 32680 ☒ Change ☐ Addition

TITLE VP  
NAME MACLEOD, DON  
STREET ADDRESS 1314 STRATFORD ST  
CITY-ST-ZIP WELLINGTON FL ☐ Delete

TITLE VP  
NAME MacLeod Don  
STREET ADDRESS P.O. Box 607  
CITY-ST-ZIP Old Town FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME Michelle Van Dammelen  
STREET ADDRESS P.O. Box 1367  
CITY-ST-ZIP Old Town FL 32680 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

3. 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:

*Signature of Kim MacLeod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

352-542-0329

Daytime Phone #

CR2E034 (9/99)