

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90050 033 ***150.00

DOCUMENT # J45680

1. Entity Name

A.H.C.N.C., INC.

Principal Place of Business

Mailing Address

STE 218
 300 - 41ST ST
 MIAMI BEACH, 33140
 US

STE 218
 300 - 41ST ST
 MIAMI BEACH, 33140-3627
 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 **59-2765743**

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

**MERRITT, ROGER J.
 SUITE 218 JEFFERSON PLAZA
 300 41ST STREET
 MIAMI BEACH FL 33140**

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 **PD** ☐ Delete
 NAME **MAXON, LEROY J. SR.**
 STREET ADDRESS **2410 DUFF ROAD**
 CITY-ST-ZIP **LAKELAND FL 33810**

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

TITLE **STD** ☐ Delete
 NAME **MAXON, THOMAS H.**
 STREET ADDRESS **1615 N. 29 AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE **D** ☒ Delete
 NAME **ROSENTHAL, MARY LEE**
 STREET ADDRESS **1422 CREEKWOOD RUN**
 CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **D** ☐ Delete
 NAME **MAXON, LEROY J JR**
 STREET ADDRESS **P.O. BOX 1405 N/A**
 CITY-ST-ZIP **ANTHONY FL 32617**

TITLE **DV** ☒ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
 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 changed, or on an attachment with an address, without other like empowered.

SIGNATURE: LEROY J. MAXON, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 **863**
(941) 859-0972

Date

Daytime Phone #