

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90026 021 ***150.00

DOCUMENT # K88476

1. Entity Name

THE AMERICAN HERITAGE GROUP HOLDING COMPANY, INC

Principal Place of Business

Mailing Address

2008 CURRY FORD RD.
 ORLANDO FL 32806

~~2000 GURRY FORD RD.~~
 ORLANDO FL 32806-2420

2. Principal Place of Business

3. Mailing Address

P.O. Box 149408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-2960178

Applied For

Not Applicable

Zip

Country

Zip

Country

32814-9408 US

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

THOMPSON, FORREST
2305 BUCKMINSTER CIRCLE
ORLANDO FL 32803

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, FORREST	NAME	Richard C. Hicks, Jr.
STREET ADDRESS	2305 BUCKMINSTER CIR	STREET ADDRESS	7814 Naditz Court
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32822
TITLE	DS <input type="checkbox"/> Delete	TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, AMY H.	NAME	Janet L. Hicks
STREET ADDRESS	2305 BUCKMINSTER CIR	STREET ADDRESS	7814 Naditz Court
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32822
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy H. Thompson* **Amy H. Thompson** **Jan. 18, 2000** **407/894-5994**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Corporate Secretary** Date Daytime Phone #

CR2E034 (9/99)