2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **K88476** Jan 26, 2000 8:00 am 1. Entity Name **Secretary of State** THE AMERICAN HERITAGE GROUP HOLDING COMPANY, INC 01-26-2000 90026 021 ***150.00 Principal Place of Business Mailing Address 2008 CURRY FORD RD. -2000-CURRY FORD RD. ORLANDO FL 32806-2420 ORLANDO FL 32806 3. Mailing Address P.O. Box 149408 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2960178 FLrlando Not Applicable Country US Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, FORREST Street Address (P.O. Box Number is Not Acceptable) 2305 BUCKMINSTER CIRCLE ORLANDO FL 32803 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. : Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition DPT President ☐ Delete TITLE TITLE Richard C. Hicks, JR. THOMPSON, FORREST NAME NAME Naditz Court 2305 BUCKMINSTER CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ORlando. Assistant Treasurer ☐ Delete TITLE TITLE Janet L. Hicks THOMPSON, AMY H. NAME NAME 7814 Naditz Court 2305 BUCKMINSTER CIR STREET ADDRESS STREET ADDRESS 32822 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL oplando ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 if