

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K88476****1. Entity Name**  
**THE AMERICAN HERITAGE GROUP HOLDING COMPANY, INC****Principal Place of Business****2008 CURRY FORD RD.  
ORLANDO FL 32806****Mailing Address****P O BOX 149408  
ORLANDO FL 32814-9408****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 59-2960178**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****THOMPSON, FORREST  
2305 BUCKMINSTER CIRCLE  
ORLANDO FL 32803****7. Name and Address of New Registered Agent**

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, 2001 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	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DPT	THOMPSON, FORREST		
2305 BUCKMINSTER CIR			
ORLANDO FL			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DS	THOMPSON, AMY H.		
2305 BUCKMINSTER CIR			
ORLANDO FL			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	HICKS, RICHARD C		
7814 NADITZ CT			
ORLANDO FL 32822			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AT	HICKS, JANET L		
47814 NADITZ CT			
ORLANDO FL 32822			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(B. Forrest Thompson)****Jan. 2, 2001**

Date

**407-894-5994**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)