

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003760

1. Entity Name

THE AMERICAN NATIONAL DEBT FUND, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90038 034 \*\*\*\*61.25

Principal Place of Business

7200 SW 8TH AVENUE  
STE J-58  
GAINESVILLE FL 32607  
US

Mailing Address

7200 SW 8TH AVENUE  
STE J-58  
GAINESVILLE FL 32607-1888  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202039

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HORSLEY, JONATHAN  
7200 SW 8TH AVENUE  
STE J-58  
GAINESVILLE FL 32607

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME HORSLEY, JONATHAN E. II  
STREET ADDRESS 7200 SW 8TH AVE STE J-58  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE VST ☐ Delete  
NAME HORSLEY, JACQUELINE C  
STREET ADDRESS 7200 SW 8TH AVE STE J-58  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete  
NAME CLARK, WALLACE R  
STREET ADDRESS 65 CURTIS PARKWAY  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE D ☐ Delete  
NAME HICKS, MARK  
STREET ADDRESS P.O. BOX 4683 N/A  
CITY-ST-ZIP HIALEAH FL

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

TITLE D ☐ Delete  
NAME OSTERMAN, DAVID  
STREET ADDRESS ROUTE 2, BOX 362  
CITY-ST-ZIP MONTEREY TN 38574

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*JACQUILINE C HORSLEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JACQUILINE C HORSLEY

3/3/00

Date

352-332-6811

Daytime Phone #

CR2E037 (9/99)