

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-28-2002 90032 045 ****61.25

DOCUMENT # N94000003760

1. Entity Name

THE AMERICAN NATIONAL DEBT FUND, INC.

Principal Place of Business

Mailing Address

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

**7200 SW 8TH AVENUE
STE J-58
GAINESVILLE FL 32607
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 **59-3202039**

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

**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	<input type="checkbox"/> Delete
NAME	HORSLEY, JONATHAN E. II	
STREET ADDRESS	7200 SW 8TH AVE STE J-58	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	HORSLEY, JACQUELINE C	
STREET ADDRESS	7200 SW 8TH AVE STE J-58	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, WALLACE R	
STREET ADDRESS	85 CURTIS PARKWAY	<i>Do not Delete</i>
CITY-ST-ZIP	MIAMI SPRINGS FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, MARK	
STREET ADDRESS	P.O. BOX 4683 N/A	
CITY-ST-ZIP	HALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTERMAN, DAVID	
STREET ADDRESS	ROUTE 2 BOX 362	<i>Do not Delete</i>
CITY-ST-ZIP	MONTEREY TN 38574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Wallace	
STREET ADDRESS	Do not Delete	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osterman, David	
STREET ADDRESS	Do not delete	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Jonathan Horsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2002 352-332-6811

Date

Daytime Phone #

CP2E037 (9/01)