

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005051

1. Entity Name

THE AMERICAN COUNCIL FOR ECONOMIC RESEARCH, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 005 ****61.25

Principal Place of Business

Mailing Address

4116 U.S. HIGHWAY 231 NORTH
 PANAMA CITY FL 32402

4116 U.S. HIGHWAY 231 NORTH
 PANAMA CITY FL 32404-9235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532722

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

HILTON, L. CHARLES JR
4116 U.S. HIGHWAY 231 NORTH
PANAMA CITY FL 32402

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	D	<input type="checkbox"/> Delete
NAME	HILTON, L. CHARLES JR	
STREET ADDRESS	4116 U.S. HIGHWAY 231 NORTH	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, PAULA M	
STREET ADDRESS	1015 ONEONTA DR.	
CITY-ST-ZIP	LOS ANGELES CA 90065	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, TOM	
STREET ADDRESS	50 BRIAR HOLLOW LANE, #300 EAST	
CITY-ST-ZIP	HOUSTON TX 77027-9300	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHICK, KENNETH W	
STREET ADDRESS	130 GLYNN WAY	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	601 N. Keene Rd., #A	
CITY-ST-ZIP	Clearwater, FL 33755	
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		

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: *Paula Hayes* Treasurer (Paula Hayes) 4-17-00 323/255-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)