

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90140 033 ****61.25

DOCUMENT # N98000005634

1. Entity Name

AMERICAN HEALTH TRUST, INCORPORATED



Principal Place of Business

**831-C N. 3RD ST.
JACKSONVILLE BEACH FL 32250**

Mailing Address

**P.O. BOX 51175
JACKSONVILLE BEACH FL 32240-1175**

2. Principal Place of Business

1503 Seabreeze Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

Zip

32250 - 3364

Country

USA

Zip

Country

4. FEI Number **59-3534804**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, TERRY
831-C N. 3RD ST.
JACKSONVILLE BCH FL 32250**

**1503 SEABREEZE AVE.
JACKSONVILLE BEACH,
FL 32250-3364**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRANT, TERRY
831-C N. 3RD ST.
JACKSONVILLE BCH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LEFT, DIANE B DIANE B. BRANT
831-C N. 3RD ST.
JACKSONVILLE BCH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BRANT, ISH
831-C N. 3RD ST.
JACKSONVILLE BCH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRANT, TERRY
1503 SEABREEZE AVENUE
JACKSONVILLE BEACH, FL
32250-3364**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BRANT, DIANE B.
1503 SEABREEZE AVENUE
JACKSONVILLE BEACH FL 32250-3364**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROBERT P. GARDNER JR., A
ATTORNEY AT LAW/TRUSTEE
1529 OAK HAVEN ROAD
JACKSONVILLE, FL 32207**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED TERRY BRANT PD 1/10/03 241-8015 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)