

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90223 004 \*\*\*150.00

DOCUMENT # P00000029101

1. Entity Name

AMERISTAR GROUP, INC.

Principal Place of Business 2301 E. WINTER PARK RD ORLANDO, FL 32803	Mailing Address 2301 E. WINTER PARK RD. ORLANDO, FL 32803
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A0038547

2. Principal Place of Business 301 N. FERN CREEK AVE, Suite, Apt. #, etc. SUITE C	3. Mailing Address P.O. BOX 683186 Suite, Apt. #, etc.
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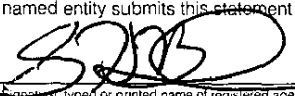
DO NOT WRITE IN THIS SPACE

City & State ORLANDO FLORIDA	City & State ORLANDO FL	4. FEI Number 59-3664939	Applied For Not Applicable
Zip 32803	Country USA	Zip 32868-3186	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 BLUNDON, GLENN  
 2301 E. WINTER PARK RD.  
 ORLANDO, FL 32803

7. Name and Address of New Registered Agent  
 Name - BLUNDON, GLENN  
 Street Address (P.O. Box Number is Not Acceptable)  
 301 NORTH FERN CREEK AVE., SUITE C  
 City ORLANDO FL Zip Code 32803

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  G.H. BLUNDON, VP, DIRECTOR DATE: MARCH 21, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BLUNDON, GLENN 2301 E. WINTER PARK RD ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BLUNDON, GLENN 6933 REMBRANDT DRIVE ORLANDO, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D SPENCER, JOSEPH F. 2301 E. WINTER PARK ROAD ORLANDO, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  G.H. BLUNDON, VP, DIRECTOR DATE: MAR 21/01 (407) 497-4527

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)