

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90168 030 \*\*\*150.00

**DOCUMENT # P94000017681**  
 1. Entity Name  
**AMC ACQUISITION, INC.**

Principal Place of Business <b>8100 NATIONS WAY          JACKSONVILLE FL 32256          US</b>	Mailing Address <b>PO BOX 2109          JACKSONVILLE FL 32232-0001          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3236296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**F&L CORP.  
 200 LAURA STREET  
 JACKSONVILLE FL 32202**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2000 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	<b>D</b> <b>NEWTON, RUSSEL B JR</b> <b>111 RIVERSIDE AVE., SUITE 140</b> <b>JACKSONVILLE FL 32202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director</b> <b>Gary A. Meeks</b> <b>8100 Nations Way</b> <b>Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HICKS, DAVID M.</b> <b>1725 MEMORIAL PARK DRIVE</b> <b>JACKSONVILLE FL 32204</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Secretary, Director</b> <b>Robert M. Clements</b> <b>8100 Nations way</b> <b>Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COMMANDER, CHARLES E III</b> <b>200 LAURA ST.</b> <b>JACKSONVILLE FL 32202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Stephen B. Matheson</b> <b>8100 Nations Way</b> <b>Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIRCLIFF, ROBERT T.</b> <b>1301 RIVER PLACE BLVD., SUITE 2529</b> <b>JACKSONVILLE FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **Stephen B. Matheson** 04/26/00 (904)281-6390  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)