

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90020 003 \*\*\*158.75

**DOCUMENT # P95000014618**

1. Entity Name

**AMERICAN SPECTRUM CORPORATION**

Principal Place of Business

569 GEORGE TAYLOR ST  
 ORANGE PARK FL 32073  
 US

Mailing Address

569 GEORGE TAYLOR ST  
 ORANGE PARK FL 32073-8707  
 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

**59-3299408**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, DAVID R**  
**569 GEORGE TAYLOR ST**  
**ORANGE PARK FL 32073**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

<input type="checkbox"/> Delete	<b>P</b> <b>MORRISON, DAVID R</b> <b>569 GEORGE TAYLOR ST</b> <b>ORANGE PARK FL 32073</b>
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>MORRISON, DAVID R.</b> <b>569 GEORGE TAYLOR ST</b> <b>ORANGE PARK FL</b>
<input type="checkbox"/> Delete	<b>D</b> <b>SCROGGIN, EDWIN</b> <b>431 VALDOSTA DRIVE</b> <b>ORANGE PARK FL</b>
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

*David R. Morrison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-7-00 (904) 226-2885**

CR2E034 (9/99)