

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062589

1. Entity Name

AMERICAONE, INC.

(R)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90019 050 ***150.00

Principal Place of Business

159258 OLD US HWY 441
TAVARES FL 32778
US

Mailing Address

PO BOX 428
TAVARES FL 32778-0428
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3372421

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

BERKSON, GARY
1132 SYMONDS AVENUE
WINTER PARK FL 32789

Name Chris Skambis, Jr. P.A.

Street Address (P.O. Box Number is Not Acceptable)

4000 Anchor Way 715 Vassar Street

City Orlando

FL

Zip Code 32804

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

Christopher C. Skambis, Jr.

July 11, 2000

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) not checked

FILE NOW!!! FEE IS \$150.00

After MAY-1, 2000 Fee will be \$350.00

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
STD
GEHMAN, MATT
2709 BAY VIEW DRIVE
EUSTIS FL 32726 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BEYER, JAMES V
2707 BAY VIEW DRIVE
EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PO Box 1076
Mt. Dora FL 32756 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

(352) 742-2200

Date

Daytime Phone #

CR2E034 (9/99)

Attachment

081500

Doc#:

P95000062589
AOW 7/27/00

August 10, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: AmericaOne, Inc. Ref. Number P95000062589

Dear Sirs:

We recently received our 2000 Uniform Business Report back from your office. I called and spoke to a document specialist and indicated that we did not receive this form until after 5/1/00. We moved our office location and the post office had delayed some of our mailing. I was told to ask to have the late fee waived because of this reason. Please review and process this A.S.A.P.

If you should have any questions, please call me.

Sincerely,



Debra J. Rogers
Accountant



P.O. Box 428

Tavares, FL 32778

352.742.2200 OFFICE

352.742.2211 FAX

www.theatmcompany.com