

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055230

1. Entity Name

THE AMERICAN CONSCIOUS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90015 004 ***158.75

Principal Place of Business Mailing Address
750 S. ORANGE BLOSSOM TRAIL, SUITE 120 750 S. ORANGE BLOSSOM TRAIL, SUITE 120
ORLANDO FL 32805 ORLANDO FL 32805-3154

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 59-3512513 Applied For
Not Applicable

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

HILL, A.C. II
750 S. ORANGE BLOSSOM TRAIL, SUITE 120
ORLANDO FL 32805

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 *A.C. Hill, II*
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, A.C. II 750 S. ORANGE BLOSSOM TRAIL, SUITE 120 ORLANDO FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, ERMA G 750 S ORANGE BLOSSOM TRAIL, 120 ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, GREGORY Y 750 S ORANGE BLOSSOM TRAIL, 120 ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, ARTHUR 750 S ORANGE BLOSSOM TRAIL 120 ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHERY, KEN 4205 E. BUSCH BLVD. TAMPA FL 33617-5937 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHERY, MARLENE 4205 E. BUSCH BLVD. TAMPA FL 33617-5937 <input checked="" 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"/> Change <input type="checkbox"/> Addition
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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: *A.C. Hill, II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)