

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104017

1. Entity Name

AMEURCO HOLDING, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90014 008 ***150.00

Principal Place of Business

Mailing Address

4350 WEST CYPRESS STREET
 SUITE 250
 TAMPA FL 33607

4350 WEST CYPRESS STREET
 SUITE 250
 TAMPA FL 33607-4190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3418219**

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

BESSEM, HERMAN
 C/O EURO AMERICAN MGMT
 4350 CYPRESS STREET, SUITE 250
 TAMPA FL 33607

Name **Ameurco Management, Inc.**

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

**4350 W Cypress Street
 Suite 250**

City **Tampa**

FL

Zip Code **33607**

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, KRISTEN	
STREET ADDRESS	4350 WEST CYPRESS STREET, SUITE 250	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BESSEM, HERMAN	
STREET ADDRESS	KONINGINNEGRACHT 7, 2514 AA DEN HAAG	
CITY-ST-ZIP	THE NETHERLANDS OC	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVP	Change	<input checked="" type="checkbox"/> Addition
NAME	Bruce D. Burdge		
STREET ADDRESS	4350 W Cypress Street, ste 250		
CITY-ST-ZIP	Tampa, FL 33607		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E094 (9/99)