

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000011541**1. Entity Name
AHC DEVELOPMENT CORPORATION

Principal Place of Business

1001 RIVERSIDE DR. E.
STE 200
PALMETTO
34221

FL

Mailing Address

1001 RIVERSIDE DR. E.
STE 200
PALMETTO
34221

FL

2. Principal Place of Business

1001 RIVERSIDE DR.

3. Mailing Address

1001 RIVERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

65-0739499

Applied For

Not Applicable

Zip
34221

Country

Zip
34221

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VOGLER EDWARD II
802 11TH STREET WESTBRADENTON FL
34205 US

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 _____ 09/12/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	PETER VAN DER NOORD	
STREET ADDRESS	1001 RIVERSIDE DR #200	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALAN ZIRKELBACH	
STREET ADDRESS	1001 RIVERSIDE DR #200	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARRY VAN DER NOORD	
STREET ADDRESS	1001 RIVERSIDE DR #200	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER VAN DER NOORD	
STREET ADDRESS	1001 RIVERSIDE DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY VAN DER NOORD	
STREET ADDRESS	1001 RIVERSIDE DR	
CITY-ST-ZIP	PALMETTO FL 34221	
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
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: PETER VANDERNOORD

ST

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)