

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021960**

1. Entity Name?

AMERITRUST FINANCIAL GROUP INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90012 015 ***150.00

Principal Place of Business

**5601 SW 109 AVE
FT LAUDERDALE FL 33328
US**

Mailing Address

**5722 S. FLAMINGO ROAD
STE 244
FT LAUDERDALE FL 33330**

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 **65-0735932**

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

**CLARK, DAVID A
5722 S. FLAMINGO ROAD
SUITE 244
FT LAUDERDALE FL 33330**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	CLARK, DAVID A	
STREET ADDRESS	5601 SW 109 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLARK, JOANNE	
STREET ADDRESS	5601 SW 109 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DARREN D	
STREET ADDRESS	9111 NW 49 PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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, if empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)