2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000052222						FILED Jan 19, 2000 8:00 am Secretary of State					
-	ERICAN OPEN, INC.					k	01-19-2000	•			
Principal Place											
350 NW 39 AVE Gainesville fl		P.O. BOX 15267 Gainesville FL 32604-5267				602809					
•	ace of Business	3. Mailing Address									
<u>ا تەر تە</u> Suite, Apt. : د ن ک		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4	50-2752			plied For of Applicable		
Zip 32.60	Country	Zip	Cour	try	5	. Certificate of	Status Desired		88.75 Add ee Require	litional d	
	6. Name and Address of Current Re	gistered Agent		Name	7	Name and A	ddress of New R	egistered A	gent		
THORP, JIM 3402 NW 7 AVE.					ddress (P.O	ess (P.O. Box Number is Not Acceptable)					
	ESVILLE FL 32607										
			City		FL Zip Code			e			
Tax filing re (See criter		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta TORS 12.			Trust	ion Campaign Fin Fund Contribution HANGES TO OFFI	ı. 🗌	Addeo	O May Be to Fees S IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JIM THORP 3402 NW 7TH AVE GAINESVILLE FL 32607	Delete	TITL NAM STRI		7 MIL	THORP Sw 1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RHETT LEWIS 71 SW 32ND ST GAINESVILLE FL 32607	🗌 Delete			ST RHET	T LEWI FLORADA			Change	Addition	
TITLE NAME · STREET ADDRESS CITY - ST- ZIP	VP -KELLEY THORP 3402 SW 7TH AVE. GAINESVILLE FL 32607	Delete			VP KELLE 710	THOR SW 117	-" 		Change	Addition	
TITLE NAME STREET ADORESS CITY - ST - ZIP	VP DARRELL BAGBY 71 SW 32ND ST. GAINESVILLE FL 32607	Delete			1024	SW 7		2607	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELOUS HARRIS 71 SW 32ND ST. GAINESVILLE FL 32607	Delete	_		7817	NW 5	HARPIS 3 WAY 5, FL 37		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete		-			 		Change	Addition	
13. I hereby c indicated of the corr	ertify that the information supplied with th on this report or supplemental report is the poration or the receiver or trastee empow or on an attachment with an address, with UBE:	ue and accurate and that ered to execute this report h all other like empowered	or the exe my signa as requ	mption sta ture shall h red by Cha	ted in Section lave the same apter 607, Fl	ne legal effect a orida Statutes;	Florida Statutes. Is if made under o and that my name - 8 - 00 Date	ath; that I at appears in 352 - 3	m an officer Block 11 of	or director r Block 12 if	