

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044321

1. \*Entity Name

AMERICAN HOME TRUST CORPORATION

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90017 022 \*\*\*150.00

Principal Place of Business

1666 WILLIAMSBURG SQUARE  
LAKELAND FL 33803

Mailing Address

1666 WILLIAMSBURG SQUARE  
LAKELAND FL 33803

2. Principal Place of Business

1353 Forestedge Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Zip

34677

Country

USA

Country

4. FEI Number 65-0839308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JOSEPH J  
1666 WILLIAMSBURG SQUARE  
LAKELAND FL 33803

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

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

TITLE D ☐ Delete  
NAME NEILL, DON F  
STREET ADDRESS 1353 FORESTEDGE BLVD.  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Delete  
NAME D'APOLITO, MICHAEL J  
STREET ADDRESS 1353 FORESTEDGE BLVD.  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Delete  
NAME DOUGHERTY, JOHN A  
STREET ADDRESS 1353 FORESTEDGE BLVD.  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Don F. Neill* DON F. Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

813 299 1556

Daytime Phone #

CR2E034 (10/00)