

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053966

1. Entity Name

AMERICAN DREAM REALTY & INVESTMENTS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 020 ***150.00

Principal Place of Business

Mailing Address

1298B S. FERDON BLVD.
CRESTVIEW FL 32536

1298B S. FERDON BLVD.
CRESTVIEW FL 32536-8447

2. Principal Place of Business

3. Mailing Address

~~1695 S Ferdon Blvd~~
Suite, Apt. #, etc.

~~1695 S Ferdon Blvd~~
Suite, Apt. #, etc.

City & State

City & State

crestview FL

Crestview FL

Zip

Country

Zip

Country

32536

Okaloosa

32536

Okaloosa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGGARD, JENNIFER
304 ISLAND DRIVE
CRESTVIEW FL 32536

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

Jennifer Haggard, President
Jennifer Haggard

(NOTE: Registered Agent signature required when reinstating)

3-29-00
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 | P | <input type="checkbox"/> Delete |
| NAME | HAGGARD, JENNIFER A | |
| STREET ADDRESS | 304 ISLAND DR | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HAGGARD, JOHN V | |
| STREET ADDRESS | 304 ISLAND DR | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| 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:

Jennifer Haggard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00
Date

850-683-9693
Daytime Phone #