

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053966

1. Entity Name
AMERICAN DREAM REALTY & INVESTMENTS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90202 031 ***150.00

Principal Place of Business

1695 S. FERDON BLVD
CRESTVIEW FL 32536

Mailing Address

1695 S. FERDON BLVD
CRESTVIEW FL 32536

2. Principal Place of Business

1501 S. FERDON BLVD.

3. Mailing Address

1501 S. FERDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

4. FEI Number 59-3521638

Applied For

Not Applicable

Zip

32536

Country

Zip

32536

Country

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

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 A. Haggard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-27-01

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 ☐ Delete
NAME P
STREET ADDRESS HAGGARD, JENNIFER A
CITY-ST-ZIP 304 ISLAND DR
CRESTVIEW FL 32536

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS HAGGARD, JOHN V
CITY-ST-ZIP 304 ISLAND DR
CRESTVIEW FL 32536

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

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

3-27-01

Date

850-683-9693

Daytime Phone #

CR2E034 (10/00)