

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90106 045 ***150.00

DOCUMENT # P98000093080

1. Entity Name

AMERINED MANAGEMENT CORPORATION

Principal Place of Business

**99 GEORGE KING BOULEVARD, Suite 4
 CAPE CANAVERAL FL 32920**

Mailing Address

**99 GEORGE KING BOULEVARD, Suite 4
 CAPE CANAVERAL FL 32920**

637600

2. Principal Place of Business

215 N. Eola Drive

Suite, Apt. #, etc.

3. Mailing Address

215 N. Eola Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3542323

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOUV, ARTHUR R
 801 N. MAGNOLIA AVENUE
 SUITE 201
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Gregory A. Popp, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
215 N. Eola Drive
 City
Orlando, FL Zip Code
32801

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

Gregory A. Popp

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, 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

TITLE **PT** ☐ Delete
 NAME **MUELLER, SANDRA J MS.**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **V** ☐ Delete
 NAME **ROMEIN, ROBERT MR.**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **DV** ☒ Delete
 NAME **LUGTHART, RONALD**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **V** ☐ Delete
 NAME **VERVAT, NICO MR.**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **S** ☐ Delete
 NAME **LOUV, ARTHUR R**
 STREET ADDRESS **801 N MAGNOLIA AVE STE 201**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition
 NAME **MUELLER SANDRA J. MS**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **V** ☐ Change ☐ Addition
 NAME **ROMEIN ROBERT MR**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **DV** ☐ Change ☐ Addition
 NAME **VERVAT, FLORIS MR**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **V** ☐ Change ☐ Addition
 NAME **VERVAT, NICO MR**
 STREET ADDRESS **99 GEORGE KING BOULEVARD**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE **S** ☐ Change ☐ Addition
 NAME **POPP GREGORY A.**
 STREET ADDRESS **215 N. EOLA DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32802**

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

SANDRA J MUELLER 3-27-00 784-3115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #