2001 UNIFORM BUSINESS REPORT (UBR)

2/1.2

FILED
Apr 11, 2001 8:00 am
Secretary of State
02-13-2001 90049 026 ***150.00

DOCUMENT # P98000093080

1. Entity Name
AMERINED MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
215 N. EOLA DR. ORLANDO FL 32801	215 N. EOLA DR. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3542323 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POPP, GREGORY A
215 N. EOLA DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
JAMES J. HOCTOR
Street Address (P.O. Box Number is Not Acceptable)
215 NORTH 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 James J Hoctor 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
JAMES J. HOCTOR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MUELLER, SANDRA J MS. 99 GEORGE KING BOULEVARD CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUELLER, SANDRA J 99 GEORGE KING BLVD CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROMEIN, ROBERT MR. 99 GEORGE KING BOULEVARD CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LUGTHART, RONALD 99 GEORGE KING BOULEVARD CAPE CANAVERAL FL 32920	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VERVAT, NICO MR. 99 GEORGE KING BOULEVARD CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VERVAT, FLORIS 99 GEORGE KING BLVD CAPE CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOUV, ARTHUR R 801 N MAGNOLIA AVE STE 201 ORLANDO FL 32803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 SANDRA J. MUELLER 1-20-01 321-784 3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #