

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91028

1. Entity Name

AMERICAN MEETING CONSULTANTS, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90007 033 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1163 OXFORD AVENUE~~ 113 Coastal Oak Circle  
~~#7 Ponte Vedra Beach, FL~~ 113 COASTAL OAK Circle  
~~JACKSONVILLE FL 32210~~ PONTE VEDRA FL 32082-2701  
~~US~~ 32082 US

2. Principal Place of Business

3. Mailing Address

113 Coastal Oak Circle

113 Coastal Oak Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ponte Vedra, FL

City & State

Ponte Vedra, FL 32082-2701

Zip  
32082

Country  
US

Zip  
32082

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3092700

Applied For  
Not Applicable

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

ROMERO-DUNSFORD, MICHELLE  
4000 ST. JOHNS AVENUE  
SUITE 11-E  
JACKSONVILLE FL 32205

Name  
Romero-Dunford, Michelle

Street Address (P.O. Box Number is Not Acceptable)

113 Coastal Oak Circle

City  
Ponte Vedra Beach, FL

Zip Code  
32082

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 Michelle Romero-Dunford Michelle Dunford 1/10/00  
Signature, typed or printed name of registered agent and title if applicable. (NOT) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDV ROMERO-DUNSFORD, MICHELLE 4405 CHIPPEWA DR. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUNSFORD, MICHELLE D. 4405 CHIPPEWA DR. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 687, 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:

Michelle D. Dunford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De/Time Phone #

CR2E034 (9/99)