

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92434

1. Entity Name

AMERICAN LEASING & INVESTMENT CORPORATION

Principal Place of Business

ONE LAS OLAS CIRCLE  
PENTHOUSE 4  
FORT LAUDERDALE FL 33316  
US

Mailing Address

ONE LAS OLAS CIRCLE  
PENTHOUSE 4  
FORT LAUDERDALE FL 33316-1644  
US

2. Principal Place of Business

3. Mailing Address

Wyoming

Wyoming

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3900 B East Collins Rd 3900 B East Collins Rd

City & State

City & State

Gillette, WY

Gillette, WY

Zip

Zip

82716

82716

Country

US

Country

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, ANTHONY T  
1 LAS OLAS CIRCLE PH-4  
FT LAUDERDALE FL 33316

Name  
Eric O. Stein

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

8265 SW 105th Place

City Ocala

FL

Zip Code  
34481

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

*Eric O. Stein*

Director/VP

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ANDREWS, ANTHONY T.	
STREET ADDRESS	ONE LAS OLAS CIR, PH#4	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANDREWS, JACQUELINE	
STREET ADDRESS	ONE LAS OLAS CIR, PH#4	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, WAYNE E	
STREET ADDRESS	RT 5, BOX 528	
CITY-ST-ZIP	MILLSBORO DE 19966	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, ANTHONY S	
STREET ADDRESS	691 WHITE SWAN DR	
CITY-ST-ZIP	ARNOLD MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony T. Andrews	
STREET ADDRESS	3900 B East Collins Rd	
CITY-ST-ZIP	Gillette, WY 82716	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Andrews	
STREET ADDRESS	3900 B East Collins Rd	
CITY-ST-ZIP	Gillette, WY 82716	
TITLE	<del>Eric O. Stein</del> DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric O. Stein	
STREET ADDRESS	8265 SW 105th Place	
CITY-ST-ZIP	Ocala, Fla 34481	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony S. Andrews	
STREET ADDRESS	691 White Swan Dr	
CITY-ST-ZIP	Arnold MD	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 persons.

SIGNATURE:

*Anthony T. Andrews* - ANTHONY T. ANDREWS APRIL 03/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-764-7731

FILED  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90090 008 \*\*\*150.00

951493



DO NOT WRITE IN THIS SPACE

4. FEI-Number 65-0320468 Applied For  
Not Applicable

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

CR2E034 (9/99)