

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90065 010 ***150.00

DOCUMENT # 822810

1. Entity Name

A.M. DAVIS MERCANTILE CO.

Principal Place of Business

Mailing Address

640 SOUTH 10TH STREET
 P.O. BOX 82226
 LINCOLN NE 68501-8226

640 SOUTH 10TH STREET
 P.O. BOX 82226
 LINCOLN NE 68501-2226

000041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-0408723**

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

7. Name and Address of New Registered Agent

BERENS, PHYLLIS
200 WEST CAMINO REAL
BOCA RATON FL 33432

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROCKER, BONNIE S	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEYNON, ESTHER L	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEYNON, DAVID J	
STREET ADDRESS	640 S 10TH ST	
CITY-ST-ZIP	LINCOLN NE	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DARNELL, WILLIAM R	
STREET ADDRESS	640 S 10TH ST.	
CITY-ST-ZIP	LINCOLN NE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Add
NAME	Beynon, Peter I		
STREET ADDRESS	640 South 10th Street		
CITY-ST-ZIP	Lincoln, NE 68508		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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.

A.M. Davis Mercantile Co.
SIGNATURE: By David J. Beynon, President 1-6-00 402-476-2100
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #