2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 738363 Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** AMELIA PLANTATION CHAPEL, INC. 02-10-2000 90022 013 ****61.25 Principal Place of Business Mailing Address P O BOX 8014 P O BOX 8014 AMELIA ISLAND FL 32035-8014 AMELIA ISLAND FL 32035 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1738977 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACOBS, ARTHUR I. 401 CENTRE ST. FERNANDINA BEACH FL 32034 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. VOO TITLE TITLE ☐ Delete BRISACH, E M NAME NAME いっしん 10 MARSH HAWK STREET ADDRESS STREET ADDRESS Fernandina FL 32054 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE EZELL-HOWARD-NAME 65 MARSH HAWK STREET ADDRESS STREET ADDRESS FERNANDINA FL 32034 CITY-ST-ZIP CITY-ST-ZIP ₽Īì ☐ Addition TITLE ☐ Delete TITLE WIGDALE, NORMAN NAME NAME 121 MARSH CREEK STREET ADDRESS STREET ADDRESS FNDA BCH FL 32034 CITY-ST-7IP CITY-ST-ZIP ŜĐ Delete ☐ Addition ☐ Change TITLE SPEAS, JOANN NAME P.O. BOX 8015-STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 supplied at legical legical and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trus powered to execute this report as changed, or on an attachment with an a E.H. BRISACH

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