2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 738363** 1. Entity Name AMELIA PLANTATION CHAPEL, INC. 02-03-2001 90056 042 ****61.25 Principal Place of Business Mailing Address P O BOX 8014 P O BOX 8014 [[[]]] AMELIA ISLAND FL 32035 AMELIA ISLAND FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-1738977 Not Applicable Zip Country Country \$8.75 Additional 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 FL 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD **X** Delete TITLE ☐ Addition TITLE BRISACH, E M NAME NAME STREET ADDRESS STREET ADDRESS 10 MARSH HAWK CITY-ST-ZIP CITY-ST-ZIP FERNANDINA FL 32054 TITLE **Delete** TITLE Change ☐ Addition WIGDALE, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 121 MARSH CREEK CITY-ST-ZIP CITY-ST-ZIP FNDA BCH FL 32034 pDWAR PD TITLE ☐ Delete TITLE Change ☐ Addition HUNT, W M NAME NAME STREET ADDRESS STREET ADDRESS 5109 SEA CHASE DR 4 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 VPD TITLE Delete TITLE Queet Hertweck 44 Long Point DR Fernandina Bah, FL 32034 ☐ Change **Addition** Queet Hertweck NAME NAME 44 Long Point DR STREET ADDRESS STREET ADDRESS Fernandina Bah, FL CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE X Addition TITLE Mary L Nelson NAME NAME STREET ADDRESS STREET ADDRESS Fernandina Beh, FL 32034.6403 Fernandina Beh FL 32034.6403 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

SIGNATURE