

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90113 047 ****61.25

DOCUMENT # 737037

i. Entity Name

AMARA TEMPLE HOLDING CORPORATION, INC.

Principal Place of Business

Mailing Address

3650 R.C.A. BLVD.
 PO BOX 30335
 PALM BEACH GARDENS FL 33410-2704

3650 R.C.A. BLVD.
 PO BOX 30335
 PALM BEACH GARDENS FL 33420-0335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7431647

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

Name

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

City

FL

Zip Code

STAMM, BOB J
2883 S.W. MONARCH TRAIL
STUART FL 34997

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **BACHELOR, DAVID**
 STREET ADDRESS **9176 166TH WAY NORTH**
 CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **EARLE D. LOWING**
 STREET ADDRESS **2022 S.E. GIFFEN AVE.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34952**

TITLE **D** ☐ Delete
 NAME **SNITKIN, MICHEAL A**
 STREET ADDRESS **2712 YALE LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **D** ☒ Change ☐ Addition
 NAME **SNITKIN, MICHAEL A.**
 STREET ADDRESS **(CORRECT SPELLING)**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLEMAN, DANIEL**
 STREET ADDRESS **4221 HYACINTY CIRCLE NORTH**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Change ☐ Addition
 NAME **4221 HYACINTH CIRCLE NO.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **ORR, ED**
 STREET ADDRESS **1709 MANGO CIR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **P** ☐ Change ☒ Addition
 NAME **ORR, ED**
 STREET ADDRESS **1709 MANGO CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33406**

TITLE **SD** ☒ Delete
 NAME **THURLOW, GEORGE**
 STREET ADDRESS **6135 FRANCIS ST**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VP** ☐ Change ☒ Addition
 NAME **THURLOW, GEORGE**
 STREET ADDRESS **2815 S.W. Toronado Tr.**
 CITY-ST-ZIP **STUART, FL. 34997**

TITLE **T** ☐ Delete
 NAME **THOSEN, TOM**
 STREET ADDRESS **3575 MARIA THERESA AVE.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **T** ☒ Change ☐ Addition
 NAME **THORSEN, TOM S**
 STREET ADDRESS **(CORRECT SPELLING)**
 CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

Tom Thorsen
THORSEN, TOM S
TREASURER

4/20/00 **561-627-2100**