

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737037**

1. Entity Name

AMARA TEMPLE HOLDING CORPORATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7431647

Applied For

Not Applicable

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

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

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

FILE NOW: FEE IS \$61.259. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	THURLOW, GEORGE L	
STREET ADDRESS	2815 SW TORONADO TRAIL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	PD MICHAEL A. SNITKIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SNITKIN, MICHAEL A	
STREET ADDRESS	2511 PEPPERWOOD CIRCLE N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	VD DANIEL A. COLEMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	STAMM, BOB L	
STREET ADDRESS	2883 SW MONARCH TRAIL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D.JIMMY D. MCLAURIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8344 S.E. WOODMERE ST.	
STREET ADDRESS	HOBE SOUND, FL 33455	
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	HAGELIN, JOSEPH	
STREET ADDRESS	7527 OVERLOOD DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	COLEMAN, DANIEL	
STREET ADDRESS	4221 HYACINTH CIRCLE N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWING, EARLE	
STREET ADDRESS	2022 SE GRIFFIN AVENUE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**Bob J. Stamm**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90056 020 ****61.25

B0026081

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)