

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90018 025 ****61.25

DOCUMENT # N95000001088

1. Entity Name-

AMELIA ISLAND CLUB, INC.

952825



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6800 FIRST COAST HWY
 AMELIA ISLAND FL 32034
 US

P O BOX 3000
 AMELIA ISLAND FL 32035
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3385039

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

CUTAJAR, JOSEPH
6800 FIRST COAST HWY
AMELIA ISLAND FL 32034

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 \$61.25

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 **P** ☒ Delete
 NAME **PITLER, DICK**
 STREET ADDRESS **2 RED CEDAR**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** ☐ Change ☒ Addition
 NAME **Steve Ardia**
 STREET ADDRESS **413 Beachside Place**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **V** ☐ Delete
 NAME **MERMAN, BILL** **See change*
 STREET ADDRESS **22 SEA MARSH**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** ☐ Change ☒ Addition
 NAME **Frank Bortea**
 STREET ADDRESS **49 Marsh Creek Rd.**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **ST** ☐ Delete
 NAME **BILLINGS, CHERIE**
 STREET ADDRESS **734 OCEAN CLUB PLACE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** ☐ Change ☒ Addition
 NAME **Red Brannen**
 STREET ADDRESS **6512 Beachwood Rd.**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **D** ☒ Delete
 NAME **STEVENSON, MILLIE**
 STREET ADDRESS **6540 BEACH WOOD ROAD**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** ☐ Change ☒ Addition
 NAME **Ale Chamberlain**
 STREET ADDRESS **98 Snowy Egret**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **Vice President** ☐ Delete
 NAME **JONES, LARRY**
 STREET ADDRESS **732 OCEAN CLUB PLACE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** ☐ Change ☒ Addition
 NAME **Tony Rives**
 STREET ADDRESS **458 Beachside Place**
 CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **D** ☐ Delete
 NAME **BROOME, RODY**
 STREET ADDRESS **409 BEACHSIDE PLACE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE *** President** ☒ Change ☐ Addition
 NAME **Merman, Bill**
 STREET ADDRESS **22 Sea Marsh**
 CITY-ST-ZIP **Amelia Island, FL 32034**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02 **904/321-5093**

CR2E037 (9/01)