

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90054 049 ***150.00

0464455

DOCUMENT # 288760

1. Entity Name

RESORT AMUSEMENTS COMPANY

Principal Place of Business

5515 FRONT BEACH RD
P.O. BOX 9438
PANAMA CITY FL 32417-6438
US

Mailing Address

P O BOX 9438
P.O. BOX 9438
PANAMA CITY FL 32417-9438
US

00048702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 9438

3. Mailing Address

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

City & State

4. FEI Number

59-1098354

Applied For

Not Applicable

Zip

32417-9438

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESTON, RALPH ANDREW
111 COUNTRY PLACE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **PRESTON, RALPH ANDREW**
 STREET ADDRESS **111 COUNTRY PLACE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VTD** ☐ Delete
 NAME **PRESTON, LILLIAN**
 STREET ADDRESS **184 BOCA LAGOON DR**
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **D** ☐ Delete
 NAME **HEPLER, RUTH ANN**
 STREET ADDRESS **1838 VAN WERT AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Andrew Preston **04-13-01** **850-233-497**
 DAYTIME PHONE #

CR2E034 (10/00)