

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90151 050 ***158.75

DOCUMENT # 825238

1. Entity Name
AMELIA ISLAND COMPANY

Principal Place of Business % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH FL 32035-3000 US	Mailing Address % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH FL 32035-3000 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 57-0527665		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

COMMANDER, CHARLES E., III
200 LAURA ST
JACKSONVILLE FL 32201

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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME COOPER, RICHARD L.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2750 TERMINAL TOWER	CITY-ST-ZIP CLEVELAND OH	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Delete	NAME COOPER, RICHARD A.(ASST)	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2750 TERMINAL TOWER	CITY-ST-ZIP CLEVELAND OH	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Delete	NAME GUDBRANSON, ROBERT N.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2750 TERMINAL TOWER	CITY-ST-ZIP CLEVELAND OH	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete	NAME BRAY, S. NORMAN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AMELIA ISLAND PLANTATION	CITY-ST-ZIP AMELIA ISLAND FL	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE P <input type="checkbox"/> Delete	NAME HEALAN, JACK B., JR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AMELIA ISLAND PLANTATION	CITY-ST-ZIP AMELIA ISLAND FL	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete	NAME PALMISANO, LAURA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AMELIA ISLAND PLANTATION	CITY-ST-ZIP AMELIA ISLAND FL	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: By: Laura T. Palmisano VP - Finance 4/10/02 (904) 277-5162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

UN0498 4.0
 CR2E034 (9/01)