

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90116 028 ***150.00

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



CHECK HERE IF MAKING CHANGES

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 <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
COMMANDER, CHARLES E., III 200 LAURA ST JACKSONVILLE FL 32201				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, RICHARD L.			NAME			
STREET ADDRESS	2750 TERMINAL TOWER			STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, RICHARD A.(ASST)			NAME			
STREET ADDRESS	2750 TERMINAL TOWER			STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUDBRANSON, ROBERT N.			NAME			
STREET ADDRESS	2750 TERMINAL TOWER			STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND OH			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAY, S. NORMAN			NAME			
STREET ADDRESS	AMELIA ISLAND PLANTATION			STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALAN, JACK B., JR.			NAME			
STREET ADDRESS	AMELIA ISLAND PLANTATION			STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMISANO, LAURA			NAME			
STREET ADDRESS	AMELIA ISLAND PLANTATION			STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL			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 607, 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.

AMELIA ISLAND COMPANY - Laura T. Palmisano
SIGNATURE: By: Laura T. Palmisano **VP-Finance** **4/16/03** **904.277.5162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)