

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91126 049 ***150.00

DOCUMENT # F98000004060

1. Entity Name
AMELIA ISLAND VENTURES, INC.

Principal Place of Business

1127 LAKE OCONEE PKWY
EATONTON GA 31024

Mailing Address

~~1127 LAKE OCONEE PKWY~~
~~EATONTON GA 31024~~
1417 Sadler Road #147
Amelia Island, FL 32034

2. Principal Place of Business

3. Mailing Address

1417 Sadler Rd. #147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fernandina Beach Fla

Zip

Country

Zip

Country

32034

4. FEI Number **58-2403080**

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

HOLLOWAY, STRICKLAND JR
2082 LENTS RD
YULEE FL 32097

Name

Strickland Holloway, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1878 Seaside Lane

City

Amelia Island

FL

Zip Code

32034

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

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **HOLLOWAY, STRICKLAND JR**
STREET ADDRESS **110 THUNDER TRAIL**
CITY-ST-ZIP **EATONTON GA 31024**

TITLE ☐ Change ☐ Addition
NAME **President**
STREET ADDRESS **Strickland Holloway Jr**
CITY-ST-ZIP **1878 Seaside Lane**
Amelia Island, FL 32034

TITLE **VCVS** ☐ Delete
NAME **LOTT, JAMES L**
STREET ADDRESS **PO BOX 675 (N/A)**
CITY-ST-ZIP **BAXLEY GA 31515**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

4-30-01 904-491-3454

CR2E034 (10/00)