

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90005 008 \*\*\*\*50.00

DOCUMENT # L02000033246

1. Entity Name



AMELIA CONCOURSE DEVELOPMENT, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

317 Centre St.

3. Mailing Address

317 Centre St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

4. FEI Number

02-0656054

Applied For

Not Applicable

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Motolaw, Inc.

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

50 N. Laura St.

Suite 2500

City

Jacksonville,

FL

Zip Code

32202

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
Harry R. Trevett  
1325 Atlantic Ave.  
Fernandina Beach, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
William J. Mock, Jr.  
317 Centre St.  
Fernandina Beach, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
BAJ Holdings, Inc.  
311 Centre St.  
Fernandina Beach, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
BAJ Holdings, Inc.  
311 Centre St.  
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/03 904-261-8822