

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90143 038 \*\*\*150.00

12 80-1000

**DOCUMENT # L58151**

1. Entity Name  
**THE AMELIA PARK COMPANY**

Principal Place of Business 1812 HIGHLAND DRIVE FERNANDINA BEACH FL 32034 US	Mailing Address P.O. BOX 401 FERNANDINA BEACH FL 32035 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1405 Park Avenue Suite 101</b> Suite, Apt. #, etc. <b>Fernandina Beach, FL</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2994512</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32034</b>	Country <b>USA</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>EMBRY, JOEL E</b> <b>1812 HIGHLAND DR</b> <b>FERNANDINA BEACH FL 32034</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Joel E Embry* **Joel E. Embry, President** DATE: 2/11/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> 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"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EMBRY, JOEL E</b> <b>1812 HIGHLAND DRIVE</b> <b>FERNANDINA BEACH FL 32034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EMBRY, MARY</b> <b>1812 HIGHLAND DRIVE</b> <b>FERNANDINA BEACH FL 32034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel E Embry* **Joel E. Embry** DATE: 2/11/02 DAYTIME PHONE #: 904-261-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)