

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001133

1. Entity Name
AMELIA NATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 1:25

Principal Place of Business
5456 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034

Mailing Address
5456 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034-5423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3657471		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

SANDS, JIM
5456 FIRST COAST HIGHWAY
AMELIA ISLAND FL 32034

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUMMER BEACH DEVELOPMENT GROUP, INC. 5456 FIRST COAST HIGHWAY AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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	100003350191-6 -08/08/00--01104--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James U. Sands</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Date 4/28/00	Daytime Phone # (904) 261-0624
	JAMES U. SANDS		

CR2E083 (9/99)