

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66547

1. Entity Name

BALLARD ENTERPRISES OF AMELIA ISLAND, INC.

**FILED**  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90028 015 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 1461  
FERNANDINA BEACH FL 32034

POST OFFICE BOX 1461  
FERNANDINA BEACH FL 32035-1461

2. Principal Place of Business

1241 SOUTH 8<sup>TH</sup> ST.

3. Mailing Address

P.O. BOX 15225

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

USA

Zip

32035-3104

Country

USA

4. FEI Number

59-2872733

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

Name

ALAN E. DONALDSON

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

13 BELTED KINGFISHER

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

*Alan E. Donaldson* ALAN E. DONALDSON - P

FEBRUARY 7, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 P ☒ Delete  
NAME BALLARD, DONNA A.  
STREET ADDRESS P.O. BOX 1461 NA  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE P/S ☒ Change ☐ Addition  
NAME ALAN E. DONALDSON  
STREET ADDRESS 13 BELTED KINGFISHER  
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/T ☒ Change ☐ Addition  
NAME J.R. LANG  
STREET ADDRESS 4433 TITLEIST DR.  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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:

*Alan E. Donaldson* ALAN E. DONALDSON

2/7/00

904-261-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)