

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90018 003 ****61.25

DOCUMENT # N00000001836

1. Entity Name

PIRATES COVE OF AMELIA HOMEOWNERS ASSOCIATION, I

Principal Place of Business

**2245 SADLER ROAD
FERNANDINA BEACH FL 32034**

Mailing Address

**2245 SADLER ROAD
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A. JEFFREY TOMASSETTI
406 ASH STREET
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **Clayton W. Buchanan**

Street Address (P.O. Box Number is Not Acceptable)
2145 Natures Gate

City **Fernandina Bch 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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Clayton W. Buchanan III	
STREET ADDRESS		2245 Sadler Road	
CITY-ST-ZIP		Fernandina Bch FL 32034	
TITLE	D	V-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Clayton W. Buchanan II	
STREET ADDRESS		2145 South Fletcher Ave	
CITY-ST-ZIP		Fern. Bch. FL 32034	
TITLE	D	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Rhonda Peterson	
STREET ADDRESS		2140 Blue Heron Court	
CITY-ST-ZIP		Fernandina Bch, FL 32034	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

02/28/01

Date

Daytime Phone #

CR2E037 (10/00)