

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0007450

DOCUMENT # N33125

1. Entity Name

ANASTASIA ISLAND/BEACHES #4425 OF AMERICAN ASSOC

03-12-2001 90033 037 ****61.25

Principal Place of Business

Mailing Address

% KENNETH M. FALCONER
 23 DOLPHIN DRIVE
 ST. AUGUSTINE FL 32084

% KENNETH M. FALCONER
 23 DOLPHIN DRIVE
 ST. AUGUSTINE FL 32084

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

94-3065751

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

FALCONER, KENNETH M.
23 DOLPHIN DRIVE
ST. AUGUSTINE FL 32084

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME CHAMBERS, EDGAR III ☐ Delete
 STREET ADDRESS 185 MAYA CT
 CITY-ST-ZIP SAINT AUGUSTINE FL 32086-7037

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP
 NAME HIERS, JOSEPH ☒ Delete
 STREET ADDRESS 365 ORCHIDS RD
 CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VP ☒ Change ☐ Addition
 NAME **HIERS, Reba**
 STREET ADDRESS **365 ORCHIS ROAD**
 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE SD
 NAME TAYLOR, MARCELLA ☐ Delete
 STREET ADDRESS 850 ALHAMBRA AVE
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME FALCONER, KENNETH M. ☐ Delete
 STREET ADDRESS 23 DOLPHIN DRIVE
 CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME HIERS, REBA ☒ Delete
 STREET ADDRESS 365 ORCHIS ROAD
 CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE D ☒ Change ☐ Addition
 NAME **CHAMBERS, Jackie S.**
 STREET ADDRESS **185 MAYA CT.**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE CD
 NAME NEMO, MARGARET ☐ Delete
 STREET ADDRESS 63 MONROE ST
 CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ 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: *Edgar Chambers* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 (904) 794-0681

Date

Daytime Phone #

CR2E037 (10/00)