2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90067 031 ****61.25

DOCUMENT # N41188

1. Entity Name

ANASTASIA ISLAND RESORT, INC.

Principal Place of Business	Mailing Address
4825 A1A SOUTH #10 ST AUGUSTINE FL 32080 US	4825 A1A SOUTH #10 ST AUGUSTINE FL 32080 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4825 A1A SOUTH	4825 A1A SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc. BOX 200
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip / Country 32080 / US	Zip / Country 32080 / US

4. FEI Number 59-3044098 ☐ 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
BRADLEY, ALTON 4825 A1A SOUTH ST AUGUSTINE FL 32080	Name: CARL DE PROSPO Street Address (P.O. Box Number is Not Acceptable): 4825 A1A SOUTH, BOX 200 City: ST. AUGUSTINE FL Zip Code: 32080

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: Carl DeProspo — CARL DE PROSPO, PRESIDENT — 1/29/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT WYTIAZ, JOSEPH L. 4825 A1A SOUTH ST AUGUSTINE FL 32084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CARL DE PROSPO 4825 A1A SOUTH, BOX 27 ST. AUGUSTINE, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWIE, DOUG 103 SHADY GLEN DRIVE BLUFTON SC 29910	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JAMES SCHOLTEN RD1 BOX 276A GRAMPIAN, PA 16838	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYTIAZ, MICHAEL 4825 A1A SOUTH ST AUGUSTINE FL 32084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ROSE PLUNGIN 4825 A1A SOUTH, BOX 49 ST. AUGUSTINE, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH WYTIAZ 4825 A1A SOUTH, BOX 23 ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORENCE RAY 4825 A1A SOUTH, BOX 29 ST. AUGUSTINE FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Carl DeProspo SIGNATURE REQUIRED — CARL DE PROSPO, PRESIDENT — 1/29/01 — 904-471-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #