# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 am**
**Secretary of State**
04-29-2002 90048 045 ****61.25

DOCUMENT # N41188

1. Entity Name

ANASTASIA ISLAND RESORT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4825 A1A SOUTH<br>ST AUGUSTINE FL 32080<br>US | 4825 A1A SOUTH<br>BOX 200<br>ST AUGUSTINE FL 32080<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3044098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DG PROSPO, CARL
4825 A1A SOUTH
ST AUGUSTINE FL 32080

**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 Carl DeProspo CARL DEPROSPO 4/17/02
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 | PD<br>DE PROSPO, CARL<br>4825 A1A SOUTH, BOX 27<br>ST AUGUSTINE FL 32080 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCHOLTEN, JAMES<br>RD1 BOX 276 A<br>GRAMPIAN PA 16838 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WHITE, ROB<br>1820 JENSEN BEACH BLVD<br>JENSEN BEACH, FL 34957 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PLUNGIN, ROSE<br>4825 A1A SOUTH, BOX 49<br>ST AUGUSTINE FL 32080 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WYTIAZ, JOSEPH<br>4825 A1A SOUTH, BOX 23<br>ST AUGUSTINE FL 32080 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLORENCE, RAY<br>4825 A1A SOUTH, BOX 29<br>ST AUGUSTINE FL 32080 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>O'DELL, AUDREY<br>4825 A1A S, #15<br>ST AUGUSTINE, FL 32080 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED CARL DEPROSPO 4/17/02 904471-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #