

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004780

1. Entity Name

REDINGTON AMBASSADOR SOUTH ASSOCIATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90027 013 ****75.00

Principal Place of Business

Mailing Address

16900 GULF BLVD.
NORTH REDINGTON BEACH FL 33708

16900 GULF BLVD.
NORTH REDINGTON BEACH FL 33708-1437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, THOMAS D.
16900 GULF BLVD
N. REDINGTON BEACH FL 33708

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 ☒ Delete
NAME ~~NORTON, DAVID~~
STREET ADDRESS ~~16900 GULF BLVD.~~
CITY-ST-ZIP ~~N. REDINGTON BEACH FL~~

TITLE ☒ Change ☐ Addition
NAME BRAWNER, KURT
STREET ADDRESS 16900 GULF BLVD
CITY-ST-ZIP N. REDINGTON BEACH, FL 33708

TITLE VD ☐ Delete
NAME BRAWNER, KURT
STREET ADDRESS 16900 GULF BLVD.
CITY-ST-ZIP NORTH REDINGTON BEACH FL 33708

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

TITLE D ☐ Delete
NAME MCGEE, BERNARD
STREET ADDRESS 16900 GULF BLVD
CITY-ST-ZIP N. REDINGTON BCH FL 33708

TITLE S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME ADAMS, THOMAS D.
STREET ADDRESS 16900 GULF BLVD
CITY-ST-ZIP N. REDINGTON BEACH FL

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

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

Date

Daytime Phone #

1-6-2000 727-391-9646

CR2E037 (9/99)