

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004780

1. Entity Name

REDINGTON AMBASSADOR SOUTH ASSOCIATION, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90005 022 ****61.25

Principal Place of Business

16900 GULF BLVD.
NORTH REDINGTON BEACH FL 33708

Mailing Address

16900 GULF BLVD.
NORTH REDINGTON BEACH FL 33708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 ☐ Delete
NAME D
STREET ADDRESS BRAWNER, JOANN
CITY-ST-ZIP 16900 GULF BLVD.
N. REDINGTON BEACH FL

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Thomas D. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/09/01 727-391-9646

CR2E037 (10/00)