

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90128 006 \*\*\*\*70.00

**DOCUMENT # N95000001088**

1. Entity Name

**AMELIA ISLAND CLUB, INC.**



Principal Place of Business

**6800 FIRST COAST HWY  
AMELIA ISLAND FL 32034  
US**

Mailing Address

**P O BOX 3000  
AMELIA ISLAND FL 32035  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3385039**

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

**Blandford, Michael**

**CUTAJAR, JOSEPH  
6800 FIRST COAST HWY  
AMELIA ISLAND FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **ARDIA, STEVE**  
STREET ADDRESS **413 BEACHSIDE PLACE**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** ☒ Delete  
NAME **MERMAN, BILL**  
STREET ADDRESS **22 SEA MARSH**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **ST** ☒ Delete  
NAME **BILLINGS, CHERIE**  
STREET ADDRESS **734 OCEAN CLUB PLACE**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **P** ☐ Delete  
NAME **BEYTAGH, FRANK**  
STREET ADDRESS **49 MARCH CREEK RD.**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **President** ☐ Delete  
NAME **JONES, LARRY**  
STREET ADDRESS **732 OCEAN CLUB PLACE**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **D** ☐ Delete  
NAME **BROOME, RODY**  
STREET ADDRESS **409 BEACHSIDE PLACE**  
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **Vice President** ☐ Change ☐ Addition  
NAME **Ardia, Steve**  
STREET ADDRESS **413 Beachside Place**  
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **Edward Albright, Charles** ☐ Change ☒ Addition  
NAME **124 Long Point Drive**  
STREET ADDRESS **Amelia Island, FL 32034**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Imogene Coleman**  
STREET ADDRESS **1432 Beach Walker Rd.**  
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Beytagh, Frank**  
STREET ADDRESS **49 Marsh Creek Rd.**  
CITY-ST-ZIP **Amelia Island, FL**

TITLE **Sec/Treas** ☒ Change ☐ Addition  
NAME **Pete Chamberlain**  
STREET ADDRESS **98 Snowy Egret**  
CITY-ST-ZIP **Amelia Island, FL 32034**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Shaw, James E.**  
STREET ADDRESS **10 Dunes Row**  
CITY-ST-ZIP **Amelia Island, FL 32034**

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 REQUIRED**

**2/13/03 904/321-5093**

CR2E037 (10/02)