

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002587

1. Entity Name

AMAZIN' GRACE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90268 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2706 ALTERNATE US 19 NORTH, SUITE 300  
PALM HARBOR FL 34683

2706 ALT US 19  
STE 223  
PALM HARBOR FL 34683

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3324739

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

CHAMBERLAIN, RONALD E  
2706 ALTERNATE US 19 NORTH, SUITE 300  
PALM HARBOR FL 34683

Name CHAMBERLAIN, RONALD E

Street Address (P.O. Box Number is Not Acceptable)

2706 ALT US 19, STE 223

City PALM HARBOR

FL

Zip Code 34683

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

RE Chamberlain

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 D ☐ Delete  
NAME CHAMBERLAIN, RONALD  
STREET ADDRESS 2706 ALT US 19 STE 300  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition  
NAME SAME EXCEPT  
STREET ADDRESS SUITE # changed to 223  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CHAMBERLAIN, CAROL J  
STREET ADDRESS 364 MOORINGS COVE DR  
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE D ☐ Delete  
NAME CHAMBERLAIN, JOEL C  
STREET ADDRESS 364 MOORINGS COVE DR  
CITY-ST-ZIP TARPON SPRINGS 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

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:

RE: Chamberlain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 727-789-5872

Date

Daytime Phone #

CR2E037 (9/99)