

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004363

1. Entity Name

AMELIA ISLAND BED & BREAKFAST ASSOCIATION, INC.

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90002 016 ****61.25

Principal Place of Business

102 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

Mailing Address

102 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

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

59-3555312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALN, LINDA
102 SOUTH 7TH STREET
FERNANDINA BEACH FL 32034

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	D	<input type="checkbox"/> Delete
NAME	BISHOP, THOMAS	
STREET ADDRESS	102 SOUTH 7TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALN, LINDA	
STREET ADDRESS	102 SOUTH 7TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRONIN, BARRY	
STREET ADDRESS	102 SOUTH 7TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOVACEVICH, JOHN	
STREET ADDRESS	102 SOUTH 7TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, JOHN	
STREET ADDRESS	614 ASH ST	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, THERESA	
STREET ADDRESS	227 SO. 7th STREET	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (10/00)