

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032607

1. Entity Name

AMBER VACATION RESORTS, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90135 001 \*\*\*750.00

Principal Place of Business

Mailing Address

621 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176

621 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176-7715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0508488

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

A.G.C., CO.  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME GETMAN, DENNIS J  
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE VP, Sec, Treas., Director  
NAME Stacy H Robbins  
STREET ADDRESS 621 S. Atlantic Ave  
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE DVS  
NAME KERRIGAN, JUANITA I  
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE Director  
NAME H Charles Anderson  
STREET ADDRESS 315 River Road  
CITY-ST-ZIP Gatlinburg, TN 37738 ☒ Change ☐ Addition

TITLE DVT  
NAME MCNAIRY, CHARLES L  
STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE Director  
NAME Jerry W Bradford  
STREET ADDRESS 315 River Road  
CITY-ST-ZIP Gatlinburg, TN 37738 ☒ Change ☐ Addition

TITLE PD  
NAME MOSSER, TOM  
STREET ADDRESS 315 RIVER RD  
CITY-ST-ZIP GATLINBURG TN ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Stacy H Robbins* V.P. Stacy H Robbins

Date

Daytime Phone #

1-6-00 904-615-6556

M3600



DO NOT WRITE IN THIS SPACE

11/24/00