

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032607

1. Entity Name
AMBER VACATION RESORTS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90207 001 ***600.00

0010144

Principal Place of Business
621 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

Mailing Address
621 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176

31574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0508488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 2001 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

TITLE	VPST	<input type="checkbox"/> Delete
NAME	ROBBINS, STACY H	
STREET ADDRESS	621 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, CHARLES H	
STREET ADDRESS	315 RIVER RD	
CITY-ST-ZIP	GATLINBURG TN 37738	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, JERRY W	
STREET ADDRESS	315 RIVER RD	
CITY-ST-ZIP	GATLINBURG TN 37738	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSSER, TOM	
STREET ADDRESS	315 RIVER RD	
CITY-ST-ZIP	GATLINBURG TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CHARLES H.	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 PARKWAY	
	Seriverville, TN 37862	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, JERRY W	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 PARKWAY	
	Seriverville, TN 37862	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSER, TOM	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 PARKWAY	
	Seriverville, TN 37862	
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		

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 Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01 904-615-6556
Date Daytime Phone #

CR2E034 (10/00)