

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-26-2000 90135 001 ***750.00

DOCUMENT # P95000031935

1. Entity Name

AMBER VACATION REALTY, INC.

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

65-0583523

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **MOSSER, THOMAS W**
 CITY-ST-ZIP **315 RIVER RD**
GATLINBURG TN

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

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

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

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

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

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **MCAIRY, CHARLES L**
 CITY-ST-ZIP **201 ALHAMBRA 12TH FL**
CORAL GABLES FL 33134

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ROBBINS, STACEY**
 CITY-ST-ZIP **933 DOUGLAS AVE**
ALTAMONTE SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME **Director, Vice Pres, Sec.**
 STREET ADDRESS **+ Treasurer**
 CITY-ST-ZIP **Robbins, Stacy**

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **RAYMOND, WARREN**
 CITY-ST-ZIP **201 ALHAMBRA CIRCLE 12TH FL**
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
 NAME **Assistant Vice Pres**
 STREET ADDRESS **Charles H. Mueller**
 CITY-ST-ZIP **621 S Atlantic Ave**
Ormond Beach, FL 32176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stacy Robbins 1-6-00 904-615-6556

CR2E034 (9/99)