

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000031935****1. Entity Name**
AMBER VACATION REALTY, INC.**FILED**
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90029 026 ***150.00

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

DO NOT WRITE IN THIS SPACE

**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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	☐ Delete
NAME	MOSSER, THOMAS W	
STREET ADDRESS	315 RIVER RD	
CITY-ST-ZIP	GATLINBURG TN	
TITLE	D	☐ Delete
NAME	ANDERSON, H. CHARLES	
STREET ADDRESS	315 RIVR RD	
CITY-ST-ZIP	GATLINBURG TN 37738	
TITLE	D	☐ Delete
NAME	BRADFORD, JERRY W	
STREET ADDRESS	315 RIVRE RD	
CITY-ST-ZIP	GATLINBURG TN 37738	
TITLE	DVPS	☐ Delete
NAME	ROBBINS, STACEY	
STREET ADDRESS	933 DOUGLAS AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	AVP	☐ Delete
NAME	MUELLER, CHARLES H	
STREET ADDRESS	621 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	MOSSER, THOMAS W	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 Parkway, Jervierville TN 37862	
TITLE	D	☒ Change ☐ Addition
NAME	ANDERSON, H. CHARLES	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 Parkway, Jervierville TN 37862	
TITLE	D	☒ Change ☐ Addition
NAME	BRADFORD, JERRY W.	
STREET ADDRESS	Suite 2, PPP	
CITY-ST-ZIP	109 Parkway, Jervierville TN 37862	
TITLE	DVPS	☒ Change ☐ Addition
NAME	ROBBINS, STACY	
STREET ADDRESS	621 South Atlantic Avenue	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	AVP	☒ Change ☐ Addition
NAME	MUELLER, CHARLES H.	
STREET ADDRESS	621 South Atlantic Avenue	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacy Robbins
Stacy Robbins

Date

3-8-01

Daytime Phone #

904-615-6556

CR2E034 (10/00)