

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069980

1. Entity Name

RESORT SERVICES OF AMELIA ISLAND, INC

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90066 029 ***150.00

Principal Place of Business

Mailing Address

2386 JAMESTOWN RD
FERNANDINA BEACH FL 32034
US

1417 SADLER RD
MSC 321
FERNANDINA BEACH FL 32034-4466
US

2. Principal Place of Business

2384 Jamestown RD

3. Mailing Address

2384 Jamestown RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

4. FEI Number

59-3444170

Applied For

Not Applicable

Zip

32034

Country

US

Zip

32034

Country

US

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

STEPHENS, SCOTT
2215 EAST S.R. 200
YULEE FL 32097-1987

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	P	<input type="checkbox"/> Delete
NAME	RHODES, K T	
STREET ADDRESS	4944 WINWARD PL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHODES, RENAE	
STREET ADDRESS	4944 WINDWARD PL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RHODES, KELVIN T JR	
STREET ADDRESS	4944 WINDWARD PL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODES, TERANAYE S	
STREET ADDRESS	4944 WINDWARD PL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Kelvin T. Rhoda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00
Date

904-321-0016
Daytime Phone #

CR2E034 (9/99)