

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081664

1. Entity Name

AMELIA BEACH CORPORATION

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90361 037 \*\*\*150.00

Principal Place of Business

Mailing Address

406 ASH ST.  
FERNANDINA BEACH FL 32034

406 ASH ST.  
FERNANDINA BEACH FL 32034-4234

00016314



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 **58-2355141**

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

7. Name and Address of New Registered Agent

TOMASSETTI, JEFFREY  
406 ASH ST.  
FERNANDINA BEACH FL 32034

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: ☐ **\$5.00** may be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PSTD  
STREET ADDRESS GALLO, STEVEN R.  
CITY-ST-ZIP 1669 N. PELHAM RD  
ATLANTA GA 30324

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS FINLEY, THOMAS P.  
CITY-ST-ZIP 2241 MAINSAIL CT  
MARIETTA GA 30062

TITLE ☒ Change ☐  
NAME VD  
STREET ADDRESS Finley, Thomas P.  
CITY-ST-ZIP 18125 Regents Square Drive  
Tampa FL 33647

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAYMAN, PAUL L.  
CITY-ST-ZIP 6575 ESTATE LANE  
LOVELAND OH 45140

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WURTH, DAVID  
CITY-ST-ZIP 3817 ELGIN DR  
PLANO TX 75025

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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, 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 #

*Steven Gallo, President*

1/31/2000

404-574-9567