# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 21, 2002 8:00 am**
**Secretary of State**

02-21-2002 90161 039 ***150.00

DOCUMENT # P97000081664

1. Entity Name
AMELIA BEACH CORPORATION

Principal Place of Business
406 ASH ST.
FERNANDINA BEACH FL 32034

Mailing Address
~~406 ASH ST.~~
~~FERNANDINA BEACH FL 32034~~

2. Principal Place of Business

3. Mailing Address
1669 N. Pelham Rd, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Atlanta, GA 30324

City & State

City & State

Zip

Country

Zip

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2355141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TOMASSETTI, JEFFREY
406 ASH ST.
FERNANDINA BEACH FL 32034

**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, 2002 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 | PSTD | ☐ Delete |
| NAME | GALLO, STEVEN R. | |
| STREET ADDRESS | 1669 N. PELHAM RD | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| TITLE | VD | ☐ Delete |
| NAME | FINLEY, THOMAS P. | |
| STREET ADDRESS | 18125 REGENTS SQUARE DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33647 | |
| TITLE | D | ☐ Delete |
| NAME | LAYMAN, PAUL L. | |
| STREET ADDRESS | 6575 ESTATE LANE | |
| CITY-ST-ZIP | LOVELAND OH 45140 | |
| TITLE | D | ☐ Delete |
| NAME | WURTH, DAVID | |
| STREET ADDRESS | 3817 ELGIN DR | |
| CITY-ST-ZIP | PLANO TX 75025 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| 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:** SUZANNE GALLO 2-5-02 (404) 874 0813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)