## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2002 8:00 am Secretary of State P97000087257 DOCUMENT # 1. Entity Name 05-23-2002 90068 044 \*\*\*150.00 AMC RESORTS, INC. Mailing Address Principal Place of Business 91 ISLE OF VENICE P.O. BOX 30578 FT LAUDERDALE FL 33303 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0787929 Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMME, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 91 ISLE OF VENICE FT LAUDERDALE FL 33301 Zip Code City ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this si SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** TITLE Change ☐ Delete TITLE GRIMME, MICHAEL J NAME NAME 91 ISLE OF VENICE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete GRIMME, PAMELA D NAME NAME 91 ISLE OF VENICE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered

4-a9-02 954-522-8-8-6 Daytime Phone #

**FILED**