

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90101 014 ***150.00

DOCUMENT # P98000100780

1. Entity Name
AMC RESORTS III, INC.

Principal Place of Business
**1404 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301**

Mailing Address
**1404 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business
91 Isle of Venice
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 30578
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL
 Zip Country
33301 Broward

City & State
Ft. Lauderdale, FL
 Zip Country
33303 Broward

4. FEI Number **65-0879796** Applied For
 Not Applicable

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

**GRIMME, MICHAEL J
 1404 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
91 Isle of Venice
 City **FL** Zip Code **33301**

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	PST GRIMME, MICHAEL J 1404 E. BROWARD BLVD. FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMME, PAMELA D 1404 E. BROWARD BLVD. FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	91 Isle of Venice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael J. Grimme** **5/1/01** **954-522-0041 x100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)