

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90135 001 ***750.00

DOCUMENT # P99000062090

1. Entity Name
AMBER BEACH, INC.

Principal Place of Business Mailing Address
S. ATLANTIC AVENUE 621 S. ATLANTIC AVENUE
BEACH FL 32176 ORMOND BEACH FL 32176-7715

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



M3604

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3586876** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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 _____ (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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D MOSSER, THOMAS W 315 RIVER ROAD P.O. BOX 1250 GATLINBURG TN 37738	<input type="checkbox"/>			
	D ROBBINS, STACY H 469 HIDDEN PINES BLVD. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>		Director, Vice Pres, Sec. & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D ANDERSON, H. CHARLES 315 RIVER ROAD P.O. BOX 1250 GATLINBURG TN 37738	<input checked="" type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<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: *Stacy H Robbins* **Stacy H Robbins, V.P.** 1-6-00 9046156556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)