

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90987 001 ***600.00

DOCUMENT # P99000062090

1. Entity Name
AMBER BEACH, INC.



Principal Place of Business
**621 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176**

Mailing Address
**621 S. ATLANTIC AVENUE
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

700 W. Granada BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

Ormond Beach, FL

Zip

Country

Zip

Country

32174

USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSSER, THOMAS W	
STREET ADDRESS	STE 2, PPP, 109 PARKWAY	
CITY-ST-ZIP	SEVIERVILLE TN 37862	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	ROBBINS, STACY H	
STREET ADDRESS	STE 2, PPP, 109 PARKWAY	
CITY-ST-ZIP	SEVIERVILLE TN 37862	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, H. CHARLES	
STREET ADDRESS	STE 2, PPP, 109 PARKWAY	
CITY-ST-ZIP	SEVIERVILLE TN 37862	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2301 Ridge Rd
CITY-ST-ZIP	Pigeon Forge, TN 37863
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700 W. Granada Blvd Suite 201
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2301 Ridge Rd
CITY-ST-ZIP	Pigeon Forge, TN 37863
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 386-673-7767

Date

Daytime Phone #

CR2E034 (10/02)