

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109798

1. Entity Name

AMELIA VIEW, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90166 027 \*\*\*150.00

Principal Place of Business <b>9551 BAYMEADOWS RD.MSTE.4 JACKSONVILLE FL 32256</b>	Mailing Address <b>9551 BAYMEADOWS RD.MSTE.4 JACKSONVILLE FL 32256</b>
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2. Principal Place of Business <b>9551 Baymeadows Rd</b>	3. Mailing Address <b>9551 Baymeadows Rd</b>
Suite, Apt. #, etc. <b>Suite 4</b>	Suite, Apt. #, etc. <b>Suite 4</b>
City & State	City & State
Zip	Country

4. FEI Number <b>59-3627040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HURST, CHRISTOPHER J  
4540 SOUTHSIDE BLVD.,STE.302  
JACKSONVILLE FL 32216**

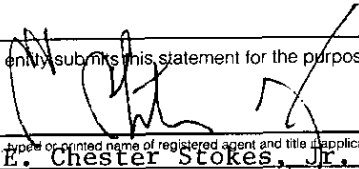
7. Name and Address of New Registered Agent

Name  
**STOKES, E. CHESTER, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**9551 BAYMEADOWS ROAD, SUITE 4**

City  
**JACKSONVILLE** FL Zip Code  
**32256**

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  DATE **3/31/00**

(NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURST, CHRISTOPHER J</b> <b>4540 SOUTHSIDE BLVD.,STE.302</b> <b>JACKSONVILLE FL 32216</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>STOKES, E. CHESTER, JR.</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BERGMANN, THOMAS C.</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRAREN, MICHAEL E.</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WALLACE, L. DENISE</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>FREDENHAGEN, SHARON W.</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HICE, SHERRY</b> <b>9551 BAYMEADOWS RD., SUITE 4</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" 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:  **Sherry Hice, Secretary** 3/31/00 904/739-2249

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

CR2E034 (9/99)