

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S63884** (8)

1. Corporation Name

**AMBER RIDGE DEVELOPMENT, INC.**



Principal Place of Business

**608 EAST CENTRAL BLVD.  
ORLANDO FL 32801**

Mailing Address

**608 EAST CENTRAL BLVD.  
ORLANDO FL 32801**

2. Principal Place of Business

21 **1017 E South Street**

Suite, Apt. #, etc.

22 **Suite B**

City & State

23 **Orlando, FL**

Zip

24 **32801**

Country

25 **Orange**

2a. Mailing Address

26 **1017 E South Street**

Suite, Apt. #, etc.

27 **Suite B**

City & State

28 **Orlando, FL**

Zip

29 **32801**

Country

30 **Orange**

3. Date Incorporated or Qualified

**06/28/1991**

3a. Date of Last Report

**04/19/1995**

4. FEI Number

**59-3076679**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RUSSELL, GARY  
608 EAST CENTRAL BLVD.  
ORLANDO FL**

81 Name

**Hill, Carey L.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1017 E South Street**

83

**Suite B**

84 City

**Orlando**

**FL**

85 Zip Code  
**32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Carey L. Hill**

**4/24/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **RUSSELL, GARY**  
STREET ADDRESS **608 EAST CENTRAL BLVD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DVS** ☐ DELETE  
NAME **BOLEN, JAMES L.**  
STREET ADDRESS **608 EAST CENTRAL BLVD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **HILL, CAREY L.**  
STREET ADDRESS **608 EAST CENTRAL BLVD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☒ DELETE  
NAME **BOLEN, JAMES L.**  
STREET ADDRESS **608 E CENTRAL BLVD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **DVST** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1017 E South Street, Suite B**  
2.4 CITY-ST-ZIP **Orlando, FL 32801**

3.1 TITLE **P/D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **1017 E South Street, Suite B**  
3.4 CITY-ST-ZIP **Orlando FL 32801**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **1017 E South Street, Suite B**  
4.4 CITY-ST-ZIP **Orlando, FL 32801**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96**

**407-895-5578**

Date

Daytime Phone #

CR2E034 (12/95)