

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V20318**

1. Entity Name

AMELIA ISLAND PRODUCE CO., INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90325 003 ***150.00

| | |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business 13384 GROVER RD JAX FL 32226 US | Mailing Address POB 2112 YULEE FL 32041-2112 US |
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|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3112085 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEONARD, MARJORIE V
246 WISTERIA ROAD
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name
ELIZABETH L. WINSTON
 Street Address (P.O. Box Number is Not Acceptable)
13384 GROVER ROAD
 City
JACKSONVILLE FL Zip Code
32226

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 *Elizabeth L. Winston* **ELIZABETH L. WINSTON**, **4/29/00**
Signature typed or printed name of registered agent and title if applicable. (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 STREET ADDRESS CITY-ST-ZIP | PD WINSTON, WAYNE W. P. O. BOX 2112 JAX FL 32041 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 an officer like empowered.

SIGNATURE: *Wayne Winston* **WAYNE WINSTON** **4/24/00** **904-499-0376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)