

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000024943

**Entity Name:** 50 AMOR AVENUE, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BOULEVARD, SUITE 100  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1801 HERMITAGE BOULEVARD, SUITE 100  
TALLAHASSEE, FL 32308

**FEI Number:** 47-0963343

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** AUSHA ARNOLD

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name TAYLOR, E. LAMAR  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HAZEN, MAUREEN M  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT  
Name ROBERTO, ALEX P  
Address 5910 N CENTRAL EXPRESSWAY  
SUITE 1200  
City-State-Zip: DALLAS TX 75206

Title VP  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VP, SECRETARY  
Name STAUFFER, JEFF  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VP, SECRETARY  
Name BURDI, THOMAS M  
Address 5910 N CENTRAL EXPRESSWAY  
SUITE 1200  
City-State-Zip: DALALS TX 75206

Title VP, ASST. SECRETARY  
Name CLINTON, BARBARA A  
Address 5910 N CENTRAL EXPRESSWAY  
SUITE 1200  
City-State-Zip: DALLAS TX 75206

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER A. HANSON

TREASURER

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           HANSON, JENNIFER A  
Address        5910 N CENTRAL EXPRESSWAY  
                  SUITE 1200  
City-State-Zip: DALLAS TX 75206