

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

- AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 24 PM 12:01

DOCUMENT # P01000063052

1. Entity Name

ASMARA OF FLORIDA III, INC.

DO NOT WRITE IN THIS SPACE

99616

2. Principal Place of Business

10108 Industrial Drive

3. Mailing Address

P.O. Box 410747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pineville, NC

City & State

Charlotte, NC

Zip

28134

Country

USA

Zip

28241

Country

USA

4. FEI Number

59-3736244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Benjamin M. Abdallah

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

6278 Aventura Drive

City

Sarasota

FL

Zip Code

34241

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

Benjamin M. Abdallah

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Chairman of the Board W. Revel Bellamy 10108 Industrial Drive Pineville, NC 28134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Erika W. Quirk 4140 NW 27th Lane, Ste. F Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President, Secretary Lee E. Ellison 10108 Industrial Drive Pineville, NC 28134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: W. Revel Bellamy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

Handwritten: 9/24/02
AD