

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741023

1. Entity Name

ALLYBY LODGE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90094 019 ****61.25

Principal Place of Business

2872 KINGS RD.
ST. AUGUSTINE FL 32086
US

Mailing Address

2872 KINGS PL
ST. AUGUSTINE FL 32086-5464
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS B. WHITCOMB
2872 KINGS RD.
ST. AUGUSTINE FL 32086

Name

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

City

FL

Zip Code

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

Thomas B. Whitcomb

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLING, WILLIAM H., JR	
STREET ADDRESS	9430 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, MIKE	
STREET ADDRESS	9430 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGRANDE, JOSEPH	
STREET ADDRESS	405 LOBELIA ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POIRIER, CAMILLE H	
STREET ADDRESS	100 SR 206 WEST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITCOMB, THOMAS	
STREET ADDRESS	2872 KINGS ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLING, ROBERT	
STREET ADDRESS	P.O. BOX 4045 N/A	
CITY-ST-ZIP	ST AUGUSTINE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas B. Whitcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-2000 904794-0010

CR2E037 (9/99)