

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001461**

1. Entity Name

CSR HOLIDAY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53

Principal Place of Business

**525 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 2860
DAYTONA BEACH FL 32120-2860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

275 Clyde Morris Blvd.

Suite, Apt. #, etc.

3. Mailing Address

275 Clyde Morris Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

Applied For
 Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
525 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name
William J. Voges
Street Address (P.O. Box Number is Not Acceptable)
275 Clyde Morris Blvd.
City
Ormond Beach FL 32174

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

William J. Voges, Registered Agent 1/10/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,695,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F92000000919**
NAME **ROOT REAL ESTATE CORP.**
STREET ADDRESS **525 FENTRESS BLVD.**
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.**
CITY - ST - ZIP **Ormond Beach, FL 32174** *MJ 316100*

DOCUMENT # **M94000000022**
NAME **RDT, L.L.C.**
STREET ADDRESS **525 FENTRESS BLVD.**
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.**
CITY - ST - ZIP **Ormond Beach, FL 32174**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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-03/08/00--01015--017
*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
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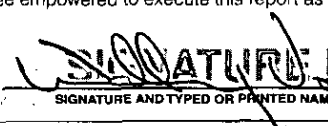
STREET ADDRESS
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/2000
Date

Date

Daytime Phone #

CR2E003 (9/99)