

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 010 ****61.25

DOCUMENT # N00301

1. Entity Name

BIARRITZ CLUB, INC.



Principal Place of Business

**309 PEARL STREET
 DAYTONA BEACH FL 32114-3134**

Mailing Address

**309 PEARL STREET
 DAYTONA BEACH FL 32114-3134**

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

59-2396967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, ESSIE M.
 309 PEARL STREET
 DAYTONA BEACH FL 32114-0134**

7. Name and Address of New Registered Agent

Name **Jannie Brockington**
 Street Address (P.O. Box Number is Not Acceptable)
309 Pearl St.
 City **Daytona Beach FL** Zip Code **32114**

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

Jannie Brockington *July 31, 2000*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**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 checked="" type="checkbox"/> Delete
NAME	SMITH, ESSIE M.	
STREET ADDRESS	1336 LAUREL DRIVW	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOCKLEY, BRUCE	
STREET ADDRESS	671 REILLY RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, VERNA	
STREET ADDRESS	605 WILLIE DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jannie Brockington	
STREET ADDRESS	1429 Continental Drive	
CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Henderson	
STREET ADDRESS	1492 Surrey Park Dr.	
CITY-ST-ZIP	Port Orange, FL 32124	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Brockington	
STREET ADDRESS	1258 Essex Rd	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernestine J. Wilder	
STREET ADDRESS	711 Essex Rd	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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:

Jannie Brockington *July 31, 2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)