

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90457 045 \*\*\*\*61.25

**DOCUMENT # N00928**

1. Entity Name

**1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUM**

Principal Place of Business

**1301 BEVILLE ROAD  
 DAYTONA BEACH FL 32119**

Mailing Address

**1301 BEVILLE ROAD  
 SUITE 21  
 DAYTONA BEACH FL 32119**

129000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**152 RIDGEWOOD AVE**

Suite, Apt. #, etc.

~~1301 BEVILLE RD #21~~

City & State

**HOLLY HILL, FL 32117**

Zip

**32117**

Country

4. FEI Number

**59-2909249**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TUTERA, ANNETTA CAM  
 ALL FLORIDA REALTY SERVICES, INC.**

~~1301 BEVILLE RD. #21~~

~~DAYTONA BEACH FL 32119~~

**152 RIDGEWOOD AVE  
 HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SHENBANJO, AKIN 1301 BEVILLE RD. #20 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP HASTINGS, MARY LYNN 1301 BEVILLE RD. #20 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HASTINGS, MARY LYNN 1301 BEVILLE RD SUITE 20 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS BAXTER, AARON 1301 BEVILLE RD. #1 DAYTONA BCH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BAXTER, AARON 1301 BEVILLE RD. #1 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SCOTT, JIM 1301 BEVILLE RD #6 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MARY LYNN HASTINGS D-PRESIDENT 1301 BEVILLE RD #20 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP AARON BAXTER 1301 BEVILLE RD #1 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS JAMES SCOT 1301 BEVILLE RD #6 DAYTONA BEACH FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Mary Lynn Hastings*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-01 788-4338**  
 Date Daytime Phone #

CR2E037 (10/00)