

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90076 048 \*\*\*150.00

**DOCUMENT # P98000027771**

1. Entity Name

VILANO BEACH ENTERPRISES I, INC.

Principal Place of Business

10 VILANO ROAD  
VILANO BEACH, ST. AUGUSTINE FL 32095

Mailing Address

10 VILANO ROAD  
VILANO BEACH, ST. AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3510038**

Applied For

Not Applicable

Zip **32084** Country

Zip **32084** Country

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

MCGINNIS, ARTHUR J  
10 VILANO ROAD  
VILANO BEACH, ST. AUGUSTINE FL 32095

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME MCGINNIS, ARTHUR J  
STREET ADDRESS 10 VILANO ROAD  
CITY-ST-ZIP VILANO BEACH, ST. AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32084**

TITLE **V** ☐ Delete  
NAME BURK, SUSAN M  
STREET ADDRESS 103 ANASTASIA BLVD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **236 SAN MARCO AVE**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **TS** ☐ Delete  
NAME BURK, TERRY L  
STREET ADDRESS 10 VILANO RD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry L Burk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*TERRY L BURK*

Date

Daytime Phone #

*2/13/01 904 829 5939*

CR2E034 (10/00)