

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90036 028 \*\*\*150.00

DOCUMENT # P00000037662

1. Entity Name

THE PLANTATION INN AND SPA, INC.

Principal Place of Business

Mailing Address

3621 Central Ave 3621 Central  
 St Petersburg Fla 33713

2. Principal Place of Business

3540 - 5th AVE N

3. Mailing Address

3540 - 5th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

ST Petersburg FL

4. FEI Number

59-3637837

Applied For

Not Applicable

Zip

33706

Country

USA

Zip

33706

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel + Utrera, PA  
 343 Almeria Avenue  
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name Suzanne Lefourneau

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

12350 7th ST EAST

City Treasure Island FL

Zip Code

33706

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 reappointing)

DATE

4/30/01

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  
 State Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
 NAME Kingzett, Alexandra R.  
 STREET ADDRESS 3621 Central Ave  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE VO ☐ Delete  
 NAME Kingzett, James  
 STREET ADDRESS 3621 Central Ave  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE ST VO ☐ Delete  
 NAME Lefourneau, Suzanne  
 STREET ADDRESS 3621 Central Ave  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE VO ☒ Delete  
 NAME Noble, Steven  
 STREET ADDRESS 3621 Central Ave  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
 NAME Kingzett, Alexandra R.  
 STREET ADDRESS 3540 - 5th AVE N  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE VO ☒ Change ☐ Addition  
 NAME Kingzett, James  
 STREET ADDRESS 3540 - 5th AVE N  
 CITY-ST-ZIP ST Petersburg, FL 33713

TITLE ST VO ☒ Change ☐ Addition  
 NAME Lefourneau, Suzanne  
 STREET ADDRESS 3540 - 5th AVE N  
 CITY-ST-ZIP ST Petersburg, FL 33713

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

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/30/01 (727) 368-0192

CR2E034 (11/00)