

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90220 033 ***150.00

DOCUMENT # 260365

1. Entity Name

MT VERNON MOTOR LODGE OF WINTER PARK, INC.

Principal Place of Business

Mailing Address

110 S ORLANDO AVE
 WINTER PARK FL 32789-3698
 US

110 S ORLANDO AVE
 WINTER PARK FLA 32789-3603
 US

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

59-0975450

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

7. Name and Address of New Registered Agent

FRAZEE, RICHARD P
110 S ORLANDO AVE
WINTER PARK FL 32789

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, 2000 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZEE, RICHARD P | NAME | |
| STREET ADDRESS | 834 12TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA, FL 00000 | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZEE, PHYLLIS | NAME | |
| STREET ADDRESS | 834 12TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA, FL 00000 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZEE, RICHARD C | NAME | |
| STREET ADDRESS | 1921 ENGLEWOOD DR. | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK, FL 00000 | CITY-ST-ZIP | |
| TITLE | AST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZEE, SUZANNE B. | NAME | |
| STREET ADDRESS | 1921 ENGLEWOOD DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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:

Richard C Frazee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/00

Daytime Phone #

407 647 1166

CR2E034 (9/99)