2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

260365 DOCUMENT

1. Entity Name



02-28-2003 90123 050 ***150.00 MT VERNON MOTOR LODGE OF WINTER PARK, INC. Principal Place of Business Mailing Address 110 S ORLANDO AVE 110 S ORLANDO AVE WINTER PARK FL 32789 10029651 WINTER PARK FL 32789 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-0975450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZEE, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 110 S ORLANDO AVE WINTER PARK FL 32789 City 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. I am familiar with, and accept 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 \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE FRAZEE, RICHARD P Change NAME NAME STREET ADDRESS 834 12TH AVE STREET ADDRESS NEW SMYRNA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change NAME FRAZEE, PHYLLIS NAME STREET ADDRESS 834 12TH AVE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change FRAZEE, RICHARD C NAME NAME

TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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1921 ENGLEWOOD DR.

Frazee, suzanne b.

WINTER PARK FL

WINTER PARK, FL 00000

1921 ENGLEWOOD DRIVE

SIGNATURE AND TYPEST NG OFFICER OR DIRECTOR

407 647 1166

Change

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FILED

Feb 28, 2003 8:00 am Secretary of State

☐ Addition

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