

2001 UNIFORM BUSINESS REPORT (UBR)

0136481 AT

DOCUMENT # 295009

1. Entity Name

DAYTONA BEACH FLA COMMERCIAL PROPERTIES DEVELOPM

FILED

01 JUL 30 PM 6:15

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1693
BATON ROUGE LA 70821

Mailing Address

P.O. BOX 1693
BATON ROUGE LA 70821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-0605107

Applied For

Not Applicable

Zip

Country

Zip

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

COHEN, FRED C
712 U.S. HIGHWAY 1
SUITE 400
NORTH PALM BEACH FL 33408

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 MARVIN, WILBUR
STREET ADDRESS 1906 BEAUMONT
CITY-ST-ZIP BATON ROUGE LA

TITLE Chairman/Director ☐ Change ☒ Addition
NAME Ben R. Miller, Jr.
STREET ADDRESS P. O. Box 3513
CITY-ST-ZIP Baton Rouge, La. 70821-3513

TITLE CFO ☐ Delete
NAME BERMUDEZ, GUILLERMO
STREET ADDRESS 1906 BEAUMONT DR
CITY-ST-ZIP BATON ROUGE LA

TITLE Chief Executive Officer/Director ☒ Change ☐ Addition
NAME Guillermo Bermudez
STREET ADDRESS P. O. Box 1693
CITY-ST-ZIP Baton Rouge, La. 70821-1693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President/Director ☐ Change ☒ Addition
NAME John G. Davies
STREET ADDRESS 406 North 4th Street
CITY-ST-ZIP Baton Rouge, La. 70802

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Deborah Travis
STREET ADDRESS P. O. Box 1693
CITY-ST-ZIP Baton Rouge, La. 70821-1693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Bonnie Keibler
STREET ADDRESS P. O. Box 1693
CITY-ST-ZIP Baton Rouge, La. 70821-1693

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)