

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 312720

1. Entity Name

HALL'S LODGE, INC.

Principal Place of Business

1803 RIVEREDGE DR
ASTOR FL 32102

Mailing Address

1803 RIVEREDGE DR
ASTOR FL 32102-7944
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LUCAS, LAURA L
1803 RIVEREDGE DR
ASTOR FL 32102

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LUCAS, LAURA L	
STREET ADDRESS	1803 RIVEREDGE DR.	
CITY-ST-ZIP	ASTOR, FL 00000	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	LUCAS, RAYMOND P	
STREET ADDRESS	1000 SAUL RD	
CITY-ST-ZIP	EMPORIA FL	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	LUCAS, CURTIS E	
STREET ADDRESS	1881 STONE RD	
CITY-ST-ZIP	PIERSON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAUL, SUSAN L	
STREET ADDRESS	593 EMPORIA RD	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, CHARLES R	
STREET ADDRESS	1803 RIVEREDGE DR	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDA L. ZIEGLER	
STREET ADDRESS	EDENKOBENER STR 40	
CITY-ST-ZIP	ST. MARTIN GE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

01/15/00

Date

904-749-4644

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90269 022 ***150.00

607179



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1166924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

01/14/99