

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90021 013 \*\*\*150.00

**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  
 US**

**910838**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1803 Riveredge Dr.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Astoria, Florida**

City & State

Zip

Zip

Country

**Volusia**

Zip

Country

4. FEI Number **59-1166924**

Applied For

Not Applicable

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

**LUCAS, LAURA L  
 1803 RIVEREDGE DR  
 ASTOR FL 32102**

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, 2001 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

TITLE **P** ☐ Delete  
 NAME **LUCAS, LAURA L**  
 STREET ADDRESS **1803 RIVEREDGE DR.**  
 CITY-ST-ZIP **ASTOR, FL 00000**

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

TITLE **CVP** ☐ Delete  
 NAME **LUCAS, RAYMOND P**  
 STREET ADDRESS **1000 SAUL RD**  
 CITY-ST-ZIP **EMPORIA FL**

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

TITLE **CVP** ☐ Delete  
 NAME **LUCAS, CURTIS E**  
 STREET ADDRESS **1881 STONE RD**  
 CITY-ST-ZIP **PIERSON FL**

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

TITLE **ST** ☐ Delete  
 NAME **SAUL, SUSAN L**  
 STREET ADDRESS **593 EMPORIA RD**  
 CITY-ST-ZIP **PIERSON FL**

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

TITLE **D** ☐ Delete  
 NAME **LUCAS, CHARLES R**  
 STREET ADDRESS **1803 RIVEREDGE DR**  
 CITY-ST-ZIP **ASTOR FL**

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

TITLE **D** ☐ Delete  
 NAME **LINDA L ZIEGLER**  
 STREET ADDRESS **EDENKOBENER STR 40**  
 CITY-ST-ZIP **ST. MARTIN GE**

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: Laura L. Lucas  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01  
 Date

904-749-4642  
 Daytime Phone #

CR2E034 (10/00)