

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90181 021 \*\*\*158.75

**DOCUMENT # 319509**

1. Entity Name

CONSOLIDATED INNS OF DAYTONA BEACH, INC.



Principal Place of Business  
1798 W INT'L SPEEDWAY BLVD  
P.O. 2240  
DAYTONA BEACH FL 32114  
US

Mailing Address  
P O BOX 11257  
DAYTONA BEACH FL 32120  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1174542

Applied For  
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAGAN, LYNN  
1798 W INT'L SPEEDWAY BLVD  
DAYTONA BEACH FL 32114

Name Susan Miller  
Street Address (P.O. Box Number is Not Acceptable)  
435 Chimney Hill Pl  
City Ormond Beach FL 32174

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 the obligations of registered agent.

SIGNATURE *[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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME FAGAN, RICHARD H  
STREET ADDRESS 301 RIO PINAR TRAIL  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE VTD  
NAME MILLER, JOHN J  
STREET ADDRESS 435 CHIMNEY HILL PL  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE PD  
NAME FAGAN, LYNN  
STREET ADDRESS 1798 W INT'L SPEEDWAY BLVD  
CITY-ST-ZIP DAYTONA BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President  
NAME Susan Miller  
STREET ADDRESS 435 Chimney Hill Pl  
CITY-ST-ZIP Ormond Beach, FL ☐ Change ☒ Addition

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

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

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

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

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 386/255-2501  
Date Daytime Phone #

CR2E034 (10/02)