

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 390469

1. Entity Name

EASTWINDS MOTEL, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90119 012 ***150.00

Principal Place of Business

Mailing Address

1505 1ST STREET SOUTH
P. O. BOX 50526
JACKSONVILLE BEACH FL 32250

1505 1ST STREET SOUTH
P. O. BOX 50526
JACKSONVILLE BEACH FLA 32240-9058

2. Principal Place of Business

P.O. Box 49058

3. Mailing Address

P.O. Box 49058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX BEACH

City & State

JAX BEACH, FL

4. FEI Number

59-1368138

Applied For

Not Applicable

Zip

Country

32240

Zip

Country

32240

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

SIBLEY, MARTHA A
1505 1ST S SOUTH
JACKSONVILLE BCH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

3403 SILVER PALM DR

JACKSONVILLE

City

FL

Zip Code

32250

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SIBLEY, BENJAMIN D III
STREET ADDRESS 1505 1ST ST SOUTH
CITY-ST-ZIP JACKSONVILLE BCH, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS P.O. Box 49058
CITY-ST-ZIP JAX BEACH, FL 32240 ☐ Change ☐ Addition

TITLE SD
NAME SIBLEY, MARTHA ANN
STREET ADDRESS 1505 1ST STREET SOUTH
CITY-ST-ZIP JACKSONVILLE BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS P.O. Box 49058
CITY-ST-ZIP JAX BEACH, FL 32240 ☐ Change ☐ Addition

TITLE VD
NAME COVERT, MARTHA JANE
STREET ADDRESS 1505 1ST ST SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS P.O. Box 49058
CITY-ST-ZIP JAX BEACH, FL 32240 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Dr. Martha Ann Sibley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00 904-223-0210
Date Daytime Phone #

CR2E034 (9/99)