

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 403312

1. Entity Name

ALADDIN INN CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90010 005 ***150.00

Principal Place of Business	Mailing Address
416 PELICAN BAY DR. DAYTONA BEACH FL. 32119 US	416 PELICAN BAY DR. DAYTONA BEACH FL. 32119-1310 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-1399086	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENKOVICH, DONALD M
416 PELICAN BAY
DAYTONA BEACH FL 32119

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 _____ (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	PD	TITLE	
NAME	SENKOVICH, DONALD M	NAME	
STREET ADDRESS	2323 S. ATLANTIC	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SENKOVICH, BARBARA J	NAME	
STREET ADDRESS	2323 S. ATLANTIC	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	SAMAAN, LINDA S	NAME	
STREET ADDRESS	2323 S ATLANTIC	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda S. Samman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000
Date Daytime Phone #