

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **403312**

1. Entity Name
ALADDIN INN CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90368 029 ***150.00

Principal Place of Business

**416 PELICAN BAY DR.
DAYTONA BEACH FL 32119
US**

Mailing Address

**416 PELICAN BAY DR.
DAYTONA BEACH FL 32119
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fed Number **59-1399086**

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

**SENKOVICH, DONALD M
416 PELICAN BAY
DAYTONA BEACH FL 32119**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 re-registering)

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	PD	☐ Delete
NAME	SENKOVICH, DONALD M	
STREET ADDRESS	2323 S. ATLANTIC	
CITY-STATE-ZIP	DAYTONA BCH SHORE FL	
TITLE	SD	☐ Delete
NAME	SENKOVICH, BARBARA J	
STREET ADDRESS	2323 S. ATLANTIC	
CITY-STATE-ZIP	DAYTONA BCH SHORE FL	
TITLE	VD	☐ Delete
NAME	SAMAAN, LINDA S	
STREET ADDRESS	2323 S ATLANTIC	
CITY-STATE-ZIP	DAYTONA BCH SHORE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	416 Pelican Bay Dr.
CITY-STATE-ZIP	Daytona Beach, FL 32119
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	416 Pelican Bay Dr.
CITY-STATE-ZIP	Daytona Beach, FL 32119
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	433 Pelican Bay Dr.
CITY-STATE-ZIP	Daytona Beach, FL 32119
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda S. Samaan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2001
Date

904
760-3824
Daytime Phone

CR2L034 (10/00)