

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 425009

1. Entity Name

NEW FLAGLER BEACH INN INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90008 003 \*\*\*150.00

Principal Place of Business	Mailing Address
300 PALM CIRCLE P.O. BOX 1418 FLAGLER BEACH FL 32136-3304	300 PALM CIRCLE P.O. BOX 1418 FLAGLER BEACH FL 32136-1418

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2958421	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRASSRAND, BERNARD 300 PALM CIRCLE-P. O. BOX 1418 FLAGLER BEACH FL 32036	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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GOODWIN, RICHARD J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3133 S RIDGEWOOD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SOUTH DAYTONA FL</td><td></td></tr></table>	TITLE	VD	<input type="checkbox"/> Delete	NAME	GOODWIN, RICHARD J		STREET ADDRESS	3133 S RIDGEWOOD		CITY-ST-ZIP	SOUTH DAYTONA FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete																							
NAME	GOODWIN, RICHARD J																								
STREET ADDRESS	3133 S RIDGEWOOD																								
CITY-ST-ZIP	SOUTH DAYTONA FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FRASSRAND, BERNARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>300 PALM CIR. P.O. #1418</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FLAGLER BEACH FL</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	FRASSRAND, BERNARD		STREET ADDRESS	300 PALM CIR. P.O. #1418		CITY-ST-ZIP	FLAGLER BEACH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	FRASSRAND, BERNARD																								
STREET ADDRESS	300 PALM CIR. P.O. #1418																								
CITY-ST-ZIP	FLAGLER BEACH FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VD</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RIETSCHER, RAYMOND</td><td></td></tr><tr><td>STREET ADDRESS</td><td>423 LITTLE WHALENECK</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MERRICK NY</td><td></td></tr></table>	TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	RIETSCHER, RAYMOND		STREET ADDRESS	423 LITTLE WHALENECK		CITY-ST-ZIP	MERRICK NY		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete																							
NAME	RIETSCHER, RAYMOND																								
STREET ADDRESS	423 LITTLE WHALENECK																								
CITY-ST-ZIP	MERRICK NY																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>SD</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>RIETSCHER, TERRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>423 LITTLE WHALENECK</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MERRICK NY</td><td></td></tr></table>	TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	RIETSCHER, TERRY		STREET ADDRESS	423 LITTLE WHALENECK		CITY-ST-ZIP	MERRICK NY		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete																							
NAME	RIETSCHER, TERRY																								
STREET ADDRESS	423 LITTLE WHALENECK																								
CITY-ST-ZIP	MERRICK NY																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FOREHAND, ZOE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1431 SOUTH FLAGLER AVE. P.O. BOX 2029</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FLAGLER BEACH FL</td><td></td></tr></table>	TITLE	TD	<input type="checkbox"/> Delete	NAME	FOREHAND, ZOE		STREET ADDRESS	1431 SOUTH FLAGLER AVE. P.O. BOX 2029		CITY-ST-ZIP	FLAGLER BEACH FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete																							
NAME	FOREHAND, ZOE																								
STREET ADDRESS	1431 SOUTH FLAGLER AVE. P.O. BOX 2029																								
CITY-ST-ZIP	FLAGLER BEACH FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard C. Frassrand* Bernard C. Frassrand 4/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 904439 2230

CR2E034 (9/99)