

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 445062**

1. Entity Name

HOLIDAY VENTURES AT ENGLEWOOD, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90015 015 ***150.00

Principal Place of Business

Mailing Address

1798 WILSON PARKWAY
P.O. BOX 756
FAYETTEVILLE TN 37334**1798 WILSON PARKWAY**
P.O. BOX 756
FAYETTEVILLE TN 37334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1522391**

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

MCKINLEY, MICHEAL R.
1861 PLACIDA RD., STE. 104
ENGLEWOOD FL 34295

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	CARTER, WILLIAM R.	
STREET ADDRESS	E MULBERRY ST.	
CITY-ST-ZIP	FAYETTEVILLE TN	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MOORE, HAROLD	
STREET ADDRESS	1025 PETERSBURG HIGHWAY	
CITY-ST-ZIP	FAYETTEVILLE TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELSO, J.L.	
STREET ADDRESS	W. WASHINGTON STREET	
CITY-ST-ZIP	FAYETTEVILLE TN	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LINDA	
STREET ADDRESS	1304 WOODLAND DRIVE	
CITY-ST-ZIP	FAYETTEVILLE TN	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

931-433-7702

Daytime Phone #

CP2E034 (10/00)