

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 466975

1. Entity Name
INGLIS INNS, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90012 016 ***150.00

Principal Place of Business

5346 S RIDGEWOOD AVE
PORT ORANGE FL 32127

Mailing Address

5346 S RIDGEWOOD AVE
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number 59-1578379

Applied For

Not Applicable

Zip

Country

32127

FLORIDA

Zip

Country

32127

FLORIDA

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

GARDNER, STEPHEN G.
48 TIMBER TRAIL
PORT ORANGE FL 32127

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 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	PDT	☐ Delete
NAME	GARDNER, STEPHEN G	
STREET ADDRESS	48 TIMBER TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	SD	☐ Delete
NAME	GARDNER, CATHERINE R	
STREET ADDRESS	48 TIMBER TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	VD	☐ Delete
NAME	GARDNER, STEPHEN G JR	
STREET ADDRESS	456 PENDREY DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: Stephen G. Gardner STEPHEN G. GARDNER 2/10/01 904-767-1813

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)