

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90062 013 ****61.25

DOCUMENT # 708486

1. Entity Name

LOUTTIT MANOR, INC.

Principal Place of Business

Mailing Address

229 SO RIDGEWOOD AVE
 DAYTONA BEACH FL 32114-4334

229 SO RIDGEWOOD AVE
 DAYTONA BEACH FLA 32114-4334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1163560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, DORA H.
37 TREETOP CIR.
ORMOND BCH. FL 32074

Name
DORA H. LEWIS

Street Address (P.O. Box Number is Not Acceptable)

37 Treetop Circle

City
Ormond Beach

FL

Zip Code
32174

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 *Dora H. Lewis*

DORA H. LEWIS, ADMINISTRATOR

4/5/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	BAGGETT, W B	
STREET ADDRESS	188 PALM SPARROW CT.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMILTON, ALFRED	
STREET ADDRESS	P.O. BOX 950 (N/A)	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	P	<input type="checkbox"/> Delete
NAME	SLAUGHTER, KYLE	
STREET ADDRESS	505 RIVERSIDE	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRELOOR, H.S.B.	
STREET ADDRESS	7 ELIZABETH LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERRIS, WILLIAM E.	
STREET ADDRESS	409 N. GEANDER AVE.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUITT, RICHARD	
STREET ADDRESS	115 COUNTRY CLUB DR	
CITY-ST-ZIP	ORMOND BEACH FL	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William B. Baggett* **WILLIAMS B. BAGGETT** - S.O. 904-255-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)