

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90015 016 ****61.25

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DOCUMENT # 708486

1. Entity Name

LOUTTIT MANOR, INC.

Principal Place of Business

**229 SO RIDGEWOOD AVE
 DAYTONA BEACH FL 32114-4334**

Mailing Address

**229 SO RIDGEWOOD AVE
 DAYTONA BEACH FL 32114-4334**

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

59-1163560

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

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

Name
DORA Lewis
 Street Address (P.O. Box Number is Not Acceptable)
37 Treetop Cir.
Ormond Beach, FL
 City **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 Lewis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

**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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

Date

904-255-3137

Daytime Phone #

CR2E037 (10/00)