

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737672

1. Entity Name

HOLIDAY COTILLION, INC.

FILED

Apr 27, 2000 8:00 am

Secretary of State

04-27-2000 90123 007 ****61.25

Principal Place of Business

Mailing Address

% KAREN OWEN
2621 CLEMATIS PLACE
FT. LAUDERDALE FL 33301

% KAREN OWEN
2621 CLEMATIS PLACE
FT. LAUDERDALE FL 33301-2721

2. Principal Place of Business

3. Mailing Address

PATRICE PECK
Suite, Apt. #, etc.
1506 SE 13 ST
City & State
FT LAUD FL.

SAME
Suite, Apt. #, etc.
City & State

Zip
33314

Country
USA

Zip

Country

4. FEI Number

NOT APPLICABLE

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

OWEN, RICHARD
2621 CLEMATIS PLACE
FT. LAUDERDALE FL 33301

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

FILE NOW:
FEE \$ \$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	D	<input checked="" type="checkbox"/> Delete
NAME	OWEN, RICHARD	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWEN, KAREN	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDLIN, LESLEY	
STREET ADDRESS	2517 NE 28TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICE PECK	
STREET ADDRESS	1506 SE. 13 ST	
CITY-ST-ZIP	FT. LAUD. 33316	
TITLE	D. JAN Heyworth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1114 SE 9 ST.	
STREET ADDRESS	FT. LAUD	
CITY-ST-ZIP	33316	
TITLE	D. KAREN OWEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2621 CLEMATIS PL	
STREET ADDRESS	FT LAUD FL	
CITY-ST-ZIP	33301	
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		

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:

KAREN OWEN

4-19-00

463 6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)