1/18/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am **DOCUMENT # 737672 Secretary of State** 1. Entity Name HOLIDAY COTILLION, INC. 01-18-2001 90019 022 ****61.25 Principal Place of Business Mailing Address PATRICE PECK PATRICE PECK 1506 SE 13 STREET 1506 SE 13 STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zin Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) OWEN, RICHARD 2621 CLEMATIS PLACE FT. LAUDERDALE FL 33301 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE hairman Co tillion 2001 I Change OWENS, RICHARD NAME Tice G. STREET ADDRESS STREET ADDRESS 2621 CLEMATIS PLACE S.E.13 CR2E037 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Addition TITLE Delete TITLE Change HAME OWEN, KAREN NAME STREET ADDRESS 2821 CLEMATIS PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LUADERDALE FL ☐ Addition Change TITLE TITLE ANDLIN, LESLEY NAME NAME STREET ADDRESS STREET ADORESS 2517 NE 28TH AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33305 TIME Derete -TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNATURE: