

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90994 042 ****61.25

0030143

DOCUMENT # 737672

1. Entity Name

HOLIDAY COTILLION, INC.

Principal Place of Business

PATRICE PECK
1506 SE 13 STREET
FORT LAUDERDALE FL 33316

Mailing Address

PATRICE PECK
1506 SE 13 STREET
FORT LAUDERDALE FL 33316

00040513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lanette Gundlach
Suite, Apt. #, etc.
1349 Middle River Drive
City & State
Ft. Lauderdale, FL
Zip
33304

3. Mailing Address

Lanette Gundlach
Suite, Apt. #, etc.
1349 Middle River Drive
City & State
Ft. Lauderdale, FL
Zip
33304 **Country**
USA

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

OWEN, RICHARD
2621 CLEMATIS PLACE
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, RICHARD	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, KAREN	
STREET ADDRESS	2621 CLEMATIS PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDLIN, LESLEY	
STREET ADDRESS	2517 NE 26TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PECK, PATRICE	
STREET ADDRESS	1506 SE 13TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lanette Gundlach	
STREET ADDRESS	1349 Middle River Drive	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anglin, Lesley	
STREET ADDRESS	2517 N.E. 26th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

Daytime Phone #

CR2E037 (9/01)