

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001998

1. Entity Name

ATLANTIC BEACH RESORTS, LTD.

Principal Place of Business

2435 So. Atlantic Ave

Daytona Beach Shores, FL 32118

Mailing Address

same

2. Principal Place of Business

2435 So. Atlantic Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Zip

32118

Country

Volusia

Zip

Country

4. FEI Number

59-1871696

Applied For

Not Applicable

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

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

9. Capital Contributions
as Shown on record.

250,000

10. Amount of Capital
Contributions
in FLORIDA to date.

250,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # A00000001998
NAME Michael D. Molnar
STREET ADDRESS 2435 So. Atlantic Ave
CITY-ST-ZIP Daytona Beach Shores, FL 32118

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 20, Florida Statutes.

SIGNATURE:

Michael D. Molnar General Partner

4-27-01 (386) 761-2880

Date

Daytime Phone #

CR2E003 (11/00)