

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005746 AT

**DOCUMENT #** A00000001998

**1. Entity Name**  
ATLANTIC BEACH RESORTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 APR -4 PM 3:00  
24/8

**Principal Place of Business**  
2435 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

**Mailing Address**  
2435 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118



**2. Principal Place of Business**  
2435 SOUTH ATLANTIC AVE

**3. Mailing Address**  
SAME

Suite, Apt. #, etc.

**City & State**  
DAYTONA BEACH SHORES

**City & State**

**Zip** 32118 **Country** POLYSLIA.

**Zip** **Country**

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-1871696 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
MOLNAR, MICHAEL D  
2435 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$250,000.00 **10. Amount of Capital Contributions in FLORIDA to date.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MOLNAR, MICHAEL D 2435 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	STREET ADDRESS	300005266209--3 -04/10/02--01069--015 ***526.25 ***526.25
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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 620, Florida Statutes**

**SIGNATURE:** Michael D. Molnar - General Partner 4-02-02 (386)761-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)