

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001461**

1. Entity Name

**CSR HOLIDAY, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53

Principal Place of Business  
**525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114**

Mailing Address  
**P.O. BOX 2860  
DAYTONA BEACH FL 32120-2860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**275 Clyde Morris Blvd.**

3. Mailing Address  
**275 Clyde Morris Blvd.**

Suite, Apt. #, etc.

City & State  
**Ormond Beach, FL**

City & State  
**Ormond Beach, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip Country  
**32174 USA**

Zip Country  
**32174 USA**

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

**VOGES, WILLIAM J  
525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114**

Name  
**William J. Voges**

Street Address (P.O. Box Number is Not Acceptable)  
**275 Clyde Morris Blvd.**

City **Ormond Beach** **FL** Zip Code **32174**

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 **William J. Voges, Registered Agent 1/10/2000**

Signature, typed or printed name of registered agent etc. (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,695,000.00**

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 # **F9200000919**  
NAME **ROOT REAL ESTATE CORP.**  
STREET ADDRESS **525 FENTRESS BLVD.**  
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.**  
CITY - ST - ZIP **Ormond Beach, FL 32174** **M/316100**

DOCUMENT # **M9400000022**  
NAME **RDT, L.L.C.**  
STREET ADDRESS **525 FENTRESS BLVD.**  
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS **275 Clyde Morris Blvd.**  
CITY - ST - ZIP **Ormond Beach, FL 32174**

DOCUMENT #  
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CITY - ST - ZIP

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CITY - ST - ZIP  
**000003161550--3**  
**-03/08/00--01015--017**  
**\*\*\*526.25 \*\*\*526.25**

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/2/2000**

Date

Daytime Phone #

CR2E003 (9/99)