

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F09258

1. Entity Name

FLORIDA BROADACRE TRAILER LODGE, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90056 037 ***150.00

Principal Place of Business Mailing Address
% PAUL R GRISSOM % PAUL R GRISSOM
3901 BAHIA VISTA ST..BAHIA VISTA ESTATES 3901 BAHIA VISTA ST..BAHIA VISTA ESTATES
SARASOTA FL 34232 SARASOTA FL 34232

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2056342

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRISSOM, PAUL R
3901 BAHIA VISTA ST
SARASOTA FL 34232

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GRISSOM, PAUL R
STREET ADDRESS 204 WESTMORELAND COURT
CITY-ST-ZIP SARASOTA, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SIMMONS, JESSIE (DECEASE
STREET ADDRESS 3762 MEDFORD LN
CITY-ST-ZIP SARASOTA, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME GRISSOM, BETTY J
STREET ADDRESS 204 WESTMORELAND COURT
CITY-ST-ZIP SARASOTA, FL 0 ☒ Delete

TITLE DS
NAME GRISSOM, BETTY J
STREET ADDRESS 204 Westmoreland Ct,
CITY-ST-ZIP Sarasota, FL 34243 (Deceased) ☒ Change ☐ Addition

TITLE V
NAME GRISSOM, SCOTT H.
STREET ADDRESS 3901 BAHIA VISTA STREET
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GRISSOM, STEVEN L.
STREET ADDRESS 4804 79TH AVE PLAZA E.
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

Daytime Phone #

941-371-2940

CR2E034 (10/00)