

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90474 021 ***150.00

DOCUMENT # G24564

1. Entity Name
PELICAN MOTEL AND TRAILER PARK, INC.



Principal Place of Business
C/O ROBERT K. MILLER, ESQ.
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address
C/O ROBERT K. MILLER, ESQ.
2975 OVERSEAS HIGHWAY
MARATHON FL 33050



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2258129**

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

MILLER, ROBERT K ESQ
2975 OVERSEAS HWY.
MARATHON FL 33050

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **FRIEG, ARTHUR R**
STREET ADDRESS **407 N.W. 39TH ROAD, APT. D**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **PD** ☐ Delete
NAME **FRIEG, ROBERT C.**
STREET ADDRESS **11950 NE 131 PL**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE **STD** ☐ Delete
NAME **FRIEG, SANDRA G.**
STREET ADDRESS **11950 NE 131 PL**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE **VP** ☒ Delete
NAME **FRIEG, DALE C**
STREET ADDRESS **800 80TH OCEAN ST**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VP** ☒ Change ☐ Addition
NAME **FRIEG DALE C**
STREET ADDRESS **600 51ST ST. GULF APT. 8**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VP** ☐ Delete
NAME **FRIEG, ROBERT C JR**
STREET ADDRESS **3680 MARIANNA ROAD**
CITY-ST-ZIP **JACKSONVILLE F; 32217**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Sandra Frieg Sec Tres* **Sandra Frieg Sec Tres** 3/11/03 352 4951246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)