

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87643

1. Entity Name

RINK PROPERTIES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90181 040 ***150.00

Principal Place of Business

Mailing Address

125 N RIDGEWOOD AVE
 DAYTONA BEACH FL 32114-3258

125 N RIDGEWOOD AVE
 DAYTONA BEACH FL 32114-3258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2616728

Applied For

Not Applicable

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

BECKS, BERRIEN, JR.
 125 N RIDGEWOOD AVE
 DAYTONA BEACH FL

Name

N/A

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 N/A

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, 2000 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 XPD ☐ Delete
 NAME BECKS, BERRIEN, SR.
 STREET ADDRESS 1740 TAYLOR RD
 CITY-ST-ZIP DAYTONA BEACH FL

TITLE President ☒ Change ☐ Addition
 NAME John Schnebly, Sr.
 STREET ADDRESS 6026 Sawgrass Point Drive
 CITY-ST-ZIP Port Orange, FL

TITLE D (Schnebly) ☐ Delete
 NAME SCHNELBY, CONNIE
 STREET ADDRESS ~~6011 AIRPORT ROAD~~ 6026 Sawgrass Pt. Dr.
 CITY-ST-ZIP PORTORANGE FL

TITLE Vice President ☐ Change ☒ Addition
 NAME John Schnebly, Jr.
 STREET ADDRESS 6022 Sawgrass Point Drive
 CITY-ST-ZIP Port Orange, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERRIEN J. BECKS

2/23/00

Date

Daytime Phone #

CR2E034 (9/99)