

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87643

1. Entity Name

RINK PROPERTIES, INC.

Principal Place of Business

125 N RIDGEWOOD AVE
DAYTONA BEACH FL 32114-3258

Mailing Address

125 N RIDGEWOOD AVE
DAYTONA BEACH FL 32114-3258

2. Principal Place of Business

3. Mailing Address

1275 La Costa Village Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Daytona Beach, FL 32119

Zip

Country

Zip
32119

Country
U.S.A.

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

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

TITLE PD ☒ Delete
NAME BECKS, BERRIEN, SR.
STREET ADDRESS 1740 TAYLOR RD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ Delete
NAME SCHNEBLY, CONNIE
STREET ADDRESS 6062 SAWGRASS PT DR
CITY-ST-ZIP PORTORANGE FL

TITLE PVP ☐ Delete
NAME SCHNEBLY, JOHN JR
STREET ADDRESS 6022 SAWGRASS POINT DR
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME John M. Schnebly, Sr.
STREET ADDRESS 6026 Sawgrass Point Dr.
CITY-ST-ZIP Port Orange, FL 32124

TITLE D ☐ Change ☒ Addition
NAME Mark H. Schnebly
STREET ADDRESS 6026 Sawgrass Point Dr.
CITY-ST-ZIP Port Orange, FL 32124

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

1/9/01

Date

904
707-3551

Daytime Phone #

CP2E034 (10/00)

0005120

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90064 048 ***150.00

602505



DO NOT WRITE IN THIS SPACE