

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90066 049 \*\*\*158.75

**DOCUMENT # J00491**

1. Entity Name

**DAY-TONA SEABREEZE, INC.**

Principal Place of Business

**4851 KELLER SPRINGS RD  
 222  
 DALLAS TX 75248-5928  
 US**

Mailing Address

**4851 KELLER SPRINGS RD  
 222  
 DALLAS TX 75248  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Addison, TX**

City & State

**Addison, TX**

Zip

Country

**75001-5928**

Zip

Country

**75001-5928**

4. FEI Number

**75-2092401**

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

**ORFINGER, MICHAEL S  
 MONACO SMITH HOOD PERKINS LOUCKS & STOUT  
 444 SEABREEZE BLVD., SUITE 900  
 DAYTONA BEACH FL 32118**

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, 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 **PD**  
 NAME **LITOFF, ELIOT**  
 STREET ADDRESS **4851 KELLER SPRINGS RD 222**  
 CITY-ST-ZIP **ADDISON TX 75248-5928**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Addison, TX 75001-5928**

☒ Change ☐ Addition

TITLE **AS**  
 NAME **LITOFF, CAROL**  
 STREET ADDRESS **4851 KELLER SPRINGS RD 222**  
 CITY-ST-ZIP **ADDISON TX 75248-5928**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Addison, TX 75001-5928**

☒ Change ☐ Addition

TITLE **VSD**  
 NAME **LITOFF, HAROLD**  
 STREET ADDRESS **84 SHIP STREET, UNIT F-1 EAST**  
 CITY-ST-ZIP **PROVIDENCE RI 02903**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eliot Litoff**

Date

**(972) 380-8933**

Daytime Phone #