

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J18900

1. Entity Name
FERNWOOD HOTEL, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 012 ***150.00

Principal Place of Business

Mailing Address

772 BUENA VISTA AVENUE
ORMOND BEACH FL 32174
US

772 BUENA VISTA AVENUE
ORMOND BEACH FL 32174-7615
US

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 59-2712126

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, JAMES L
20 N. HALIFAX
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 CARTER, BARBARA ALLEN
STREET ADDRESS 772 BUENA VISTA AVE.
CITY-ST-ZIP ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME LINKOUS, NANCY LOUISE
STREET ADDRESS 772 BUENA VISTA AVE.
CITY-ST-ZIP ORMOND BEACH FL

TITLE
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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:

Barbara Carter
BARBARA CARTER

1-18-00 (904) 677-1785

Date

Daytime Phone #

CR2E034 (9/99)