

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90098 034 \*\*\*150.00

**DOCUMENT # J49404**

1. Entity Name  
**FAIRBANKS INN, INC.**



Principal Place of Business  
**1788 W. FAIRBANKS AVE.  
WINTER PARK FL 32789**

Mailing Address  
**1788 W. FAIRBANKS AVE.  
WINTER PARK FL 32789**

2. Principal Place of Business  
**3714 QUANDO CIRCLE**

3. Mailing Address  
**3714 QUANDO CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**59-2770873**

Applied For  
Not Applicable

Zip  
**32812**

Country  
**U.S.A.**

Zip  
**32812**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**MITTLEMAN, ROBERT  
1788 W. FAIRBANKS AVE.  
WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

Name  
**JOEL MITTLEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3714 QUANDO CIRCLE**  
City  
**ORLANDO FL** Zip Code  
**32812**

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 *Joel Mittelman* **JOEL MITTLEMAN - V.P.** **3/10/03**  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**MITTLEMAN, ROBERT**  
**1788 W. FAIRBANKS AVE.**  
**WINTER PARK FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TVP**  
**MITTLEMAN, JOEL**  
**1788 W. FAIRBANKS AVE.**  
**WINTER PARK FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

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: *Joel Mittelman* **3/10/03 407851**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **3282**

CR2E034 (10/02)