## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K41156  1. Entity Name CLIFF HOTELS, INC.				Secretary of State 02-25-2002 90057 041 ***158.75			
Principal Place of Business Mailing Address  12411 OVERSEAS HIGHWAY 12411 OVERSEAS HIGHW MARATHON FL 33050 MARATHON FL 33050			AY				
2. Principal Place of Business		3. Mailing Address 2320 DODGE DRIVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State DAYTONA BEACH FL			59-2915979	ied For Applicable	
Zip	Country	Zip 32118	Country	/	5. Certificate of Status Desired Status Desired Status Desired Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent		
BUCKHOLT, STEPHEN E 12411 OVERSEAS HIGHWAY MARATHON FL 33050				Street Address ( 2320 DOI	Address (P.O. Box Number is Not Acceptable)  O DODGE DRIVE  TONA BEACH  Lip Code 32118		
Tax filing	Signature, typed or printed name of registered agent en oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payab	E: Registered A	II be \$550.00	10. Election Campaign Financing \$5.00  Trust Fund Contribution		
11,	OFFICERS AND D	<u> </u>	12.	artinoni or otal			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, C. M. 2301 SO ATLANTIC AVE DAYTONA BCH. SHS FL	☑ Delete	TITLE NAME	ADDRESS - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	N 11  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCKHOLT, STEPHEN E 12411 OVERSEAS HIGHWAY MARATHON FL 33050	<b>∑</b> Delete	TITLE NAME STREET /	ADDRESS - ZIP	☐ Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST————————————————————————————————————	Delete -	-TITLE NAME STREET / CITY-ST	ı	Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST D CLIFFORD M. DODD II 2320 DODGE DRIVE DAYTONA BEACH FL 321	□ Delete	TITLE NAME STREET A CITY-ST		☐ Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A		Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST		Change [	Addition .	
of the cor	on this report or supplemental report is ti	rue and accurate and that m rered to execute this report a	v signature	e shall have the s	ection 119.07(3)(i), Florida Statutes. I further certify that the infor same legal effect as if made under oath; that I am an officer or of 7, Florida Statutes; and that my name appears in Block 11 or Blo	director 1	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/02 386-255-6

Daytime Phone #