

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000313

1. Entity Name

HOLIDAY VENTURES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 12 PM 2:44

Principal Place of Business

3135 STATE ROAD 580  
SAFETY HARBOR FL 34695

Mailing Address

3135 STATE ROAD 580  
SAFETY HARBOR FL 34695

Change address



2. Principal Place of Business

412 SHORE DRIVE EAST

3. Mailing Address

412 SHORE DRIVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OLDSMAR, FL

OLDSMAR, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-2489142

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, DAVID L SR.

3135 STATE ROAD 580

SAFETY HARBOR FL 34695

Change address only

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

412 SHORE DRIVE EAST

City OLDSMAR

FL

Zip Code

34677

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME WALLACE, DAVID L SR  
STREET ADDRESS 3135 STATE ROAD 580  
CITY-ST-ZIP SAFETY HARBOR FL 34695

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 412 SHORE DRIVE EAST  
CITY-ST-ZIP OLDSMAR, FL 34677

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/01

Date

Daytime Phone #

813-855-6561

CR2E083 (11/00)