

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14480

1. Entity Name

MOTT'S INDIAN RIVER LODGE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90038 003 ***150.00

Principal Place of Business

Mailing Address

1210 S. RIVERSIDE DR.
P O BOX 817
NEW SMYRNA BEACH FL 32168
US

% DON M. MOTT
P O BOX 817
NEW SMYRNA BEACH FL 32170-0817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2971350**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOTT, DON M.
1210 S. RIVERSIDE DRIVE
NEW SMYRNA BEACH FL 32168

Name: Ed Ruby
Street Address (P.O. Box Number is Not Acceptable): 711 Live Oak St.
City: N Smyrna Bch FL Zip Code: 32168

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 Ed Ruby Edward G. Ruby 4-18-00
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 MOTT, DON M.
STREET ADDRESS 1201 N. RIVERSIDE DR. #207
CITY-ST-ZIP NEWSMYRNA BEACH FL 32168 ☒ Delete

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

TITLE STD
NAME RUBY, DONNA MOTT
STREET ADDRESS 1210 S RIVERSIDE DR
CITY-ST-ZIP N SMYRNA BCH FL ☐ Delete

TITLE STD
NAME Donna Mott Ruby
STREET ADDRESS 711 Live Oak St.
CITY-ST-ZIP New Smyrna Bch, FL 32168 ☒ Change ☐ Addition

TITLE VD
NAME RUBY, EDWARD G
STREET ADDRESS 1210 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRA BEACH FL 32168 ☐ Delete

TITLE PD
NAME Edward G. Ruby
STREET ADDRESS 711 Live Oak St.
CITY-ST-ZIP New Smyrna Bch, FL 32168 ☒ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: Donna Mott Ruby Sec Sec 4-18-00 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 427-4636

CR2E034 (9/99)