

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # L14480**1. Entity Name
MOTT'S INDIAN RIVER LODGE, INC.Principal Place of Business
1210 S. RIVERSIDE DR.
P O BOX S17
NEW SMYRNA BEACH FL 32168
USMailing Address
% DON M. MOTT
P O BOX S17
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

3. Mailing Address
P O BOX S17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
NEW SMYRNA BEACH FL4. FEI Number
59-2971350Applied For
Not Applicable

Zip Country

Zip Country
321705. 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

RUBY ED
711 LIVE OAK STREET

NEW SMYRNA BEACH FL 32168Name
RUBY ED
Street Address (P.O. Box Number is Not Acceptable)
425 S ATLANTIC

City
NEW SMYRNA BEACH FL Zip Code
32169

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 _____ 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32168	<input checked="" type="checkbox"/> Delete
VD	RUBY EDWARD G	1210 S. RIVERSIDE DR.	NEW SMYRNA BEACH	FL	32168	<input checked="" type="checkbox"/> Delete
STD	RUBY, DONNA MOTT	711 LIVE OAK STREET	NEW SMYRNA BEACH	FL	32168	<input type="checkbox"/> Delete
PD	RUBY EDWARD G	711 LIVE OAK STREET	NEW SMYRNA BEACH	FL	32168	<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32169	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	RUBY, DONNA MOTT	425 S ATLANTIC AVE	NEW SMYRNA BEACH	FL	32169	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	RUBY EDWARD G	425 S ATLANTIC AVE.	NEW SMYRNA BEACH	FL	32169	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> 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: Ed Ruby

PD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)