

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012338 AF

DOCUMENT # L970000000904

1. Entity Name
FLORIDAYS INTERNATIONAL L.C.

00 APR 26 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
93. CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561

Mailing Address
93. CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561-4068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTRONE, FABRIZIO
93, CHANTECLAIRE CIRCLE
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

300003246793--5
-05/10/00--01076--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CUTRONE, CLAUDIO ☐ Delete
STREET ADDRESS 93, CHANTECLAIRE CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME MGRM BARRON, CATHERINE ☐ Delete
STREET ADDRESS 93, CHANTECLAIRE CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

Claudio Cutrone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CLAUDIO CUTRONE MGRM

4/5/00

Date

(850)916-3191

Daytime Phone #

CR2E083 (9/99)