

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99093

1. Entity Name

BARBIZON LODGE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90133 021 ***158.75

Principal Place of Business

Mailing Address

3334 BROADWAY
RIVIERA BEACH FL 33404

3334 BROADWAY
RIVIERA BEACH FL 33404-2328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232584

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

PANDYA, DINESH B
3334 BROADWAY
RIVIERA BEACH FL 33404

Name

Pandya, Dinesh B

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

4243 - Northlake Blvd.

City

Palmbeach Gardens

FL

Zip Code

33410

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DIP/V/T
PANDYA, BHARAT P.
102 SE CAPRONA AVE.
PORT ST. LUCIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
Pandya, Bharat P.
102 SE Caprona Ave
Port St. Lucie FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
PANDYA, DINESH B.
3334 BROADWAY
RIVIERA BEACH FL 4243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PANDYA, Dinesh B
4243 - Northlake Blvd
Palmbeach Gardens FL 33410 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)