

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67673

1. Entity Name

SURFSIDE LODGE, INC.

Principal Place of Business

317 NORTH OCEAN FRONT  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

87 TALLWOOD ROAD  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2886717

Applied For

Not Applicable

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

NOE, WILLIAM G., JR.  
599 ATLANTIC BLVD.  
SUITE 6  
ATLANTIC BEACH FL 32233

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

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, 2001 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 VTD ☐ Delete  
NAME RIECHMANN, KEITH  
STREET ADDRESS 69 OAKWOOD RD.  
CITY-ST-ZIP JACKSONVILLE BCH. FL

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

TITLE PD ☐ Delete  
NAME BAKER, SCOTT  
STREET ADDRESS 69 OAKWOOD RD.  
CITY-ST-ZIP JACKSONVILLE BCH. FL

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

TITLE VSD ☐ Delete  
NAME HUGHES, JIM  
STREET ADDRESS 69 OAKWOOD RD.  
CITY-ST-ZIP JACKSONVILLE BCH. FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

FILED  
Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90195 041 \*\*\*150.00

00025360



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)