

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M75089

1. Entity Name

DAB OF THE PALM BEACHES, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 015 \*\*\*150.00

Principal Place of Business

5360 HYPOLUXO RD  
 LANTANA FL 33462  
 US

Mailing Address

P O DWR 3065  
 LANTANA FL 33465  
 US

2. Principal Place of Business

*BIGHORN LODGE B+B*

3. Mailing Address

*DAB OF THE PALM BEACHES, INC.*

Suite, Apt. #, etc.

*#2 BIGHORN LANE*

Suite, Apt. #, etc.

*500 NO. COUNTRY CLUB DR.*

City & State

*NOXON, MN.*

City & State

*ATLANTIS, FL*

4. FEI Number

65-0055066

Applied For

Not Applicable

Zip

*59853*

Country

*USA*

Zip

*33462*

Country

*USA*

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NYE, DAVID D.  
 5360 HYPOLUXO RD  
 P O DWR 3065  
 LANTANA FL 33465

7. Name and Address of New Registered Agent

Name

*NYE, DAVID D.*

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

*#2 BIGHORN LANE  
 500 NO. COUNTRY CLUB DR.*

City

*NOXON ATLANTIS, FL*

FL

Zip Code

*33462*

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

*David D. Nye, No. 1st. Ave. President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*9/1/00*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NYE, W. A.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 3065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	V.	<input checked="" type="checkbox"/> Delete
NAME	NYE, D. D.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 5065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACON, A.	
STREET ADDRESS	5360 HYPOLUXO RD P O DWR 3065 NA	
CITY-ST-ZIP	LANTANA FL	
TITLE	AS.	<input checked="" type="checkbox"/> Delete
NAME	NYE, S. L.	
STREET ADDRESS	5360 JHYPOLUXO RD PO O DWR 3065	
CITY-ST-ZIP	JLANTANA FL	
TITLE	<i>Nye D.D.</i>	<input type="checkbox"/> Delete
NAME	<i>500 NO. COUNTRY CLUB DR</i>	
STREET ADDRESS	<i>ATLANTIS, FL. 33462</i>	
CITY-ST-ZIP	<i>33462</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David D. Nye, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/1/00*

Date

*406/847-4676*

Daytime Phone #

CR2E034 (5/00)



Bed & Breakfast

Attachment  
D#M75089  
DU586287

Tuesday, September 12, 2000

Dear Sirs:

I was extremely busy and out of state starting up a new business in the state of Montana and neglected to file my UBR on time. Could you please make an exception this time and except my \$150.00 check without the fine.

It is very important for me to keep my company registered in the state of Florida since I intend to open more Bed and Breakfasts in the Palm Beach area after I have gotten this one operating.

If this is not acceptable please call me at 888-347-8477 and I will mail out the balance required immediately.

Thank you for any consideration.

Sincerely;

*David D. Nye*

David D. Nye

DAB of the Palm Beaches, Inc./ DBA "Bighorn Lodge Bed and Breakfast"

*PS Also my mailing address has been changed and the P.O. Box discontinued. My first notice arrived in Montana 6 weeks after being mailed.*

*Not your fault I know but the fine is a lot of money for a Bed + Breakfast.*

*Thank you.*

Dave & Cindy Nye

#2 Bighorn Lane • Noxon, Montana 59853 • (406) 847-4676 • 1-888-347-8477  
email:bullriver@bighornlodgemonntana.com / www.BighornLodgeMontana.com