

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004882

1. Entity Name

SUPERIOR SMALL LODGINGS OF THE DAYTONA BEACH ARE

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90061 014 \*\*\*\*61.25

Principal Place of Business

126 E. ORANGE AVE.  
DAYTONA BEACH FL 32114

Mailing Address

126 E. ORANGE AVE.  
DAYTONA BEACH FL 32114-4406

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PRUETT, KATHLEEN E  
126 E. ORANGE AVE.  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name DiMaria, Victoria L.

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

126 East Orange Ave.

City

Daytona Bch

FL

Zip Code 32114

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

Victoria L. DiMaria Local Marketing Manager 1/4/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME MOLNAR, FRANK  
STREET ADDRESS 2435 S. ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE V/D ☒ Delete  
NAME GEENTY, BOB  
STREET ADDRESS 3101 S. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE STD ☐ Delete  
NAME BROWN, VIRGINIA  
STREET ADDRESS 27 S. OCEAN AVE.  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V/D ☐ Change ☒ Addition  
NAME Mary Brown  
STREET ADDRESS 453 S. Atlantic Ave.  
CITY-ST-ZIP Ormond Bch FL 32176

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Victoria L. DiMaria  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00 904-255-0415

CR2E037 (9/99)