

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004882

1. Entity Name

SUPERIOR SMALL LODGINGS OF THE DAYTONA BEACH ARE

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

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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
NAME MOLNAR, FRANK
STREET ADDRESS 2435 S. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D
Mary Brown
453 S. Atlantic Ave.
Ormond Bch FL 32176

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

1/4/00 904-255-0415

Daytime Phone #

Date

CR2E037 (9/99)