

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004882

1. Entity Name

SUPERIOR SMALL LODGINGS OF THE DAYTONA BEACH ARE

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90091 039 ****61.25

0006271

Principal Place of Business

126 E. ORANGE AVE.
DAYTONA BEACH FL 32114

Mailing Address

126 E. ORANGE AVE.
DAYTONA BEACH FL 32114

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 **NOT APPLICABLE**

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

DIMARIA, VICTORIA L
126 E. ORANGE AVE.
DAYTONA BEACH FL 32114

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

Victoria L. DiMaria *Victoria L. DiMaria*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

FILE NOW:
FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Andrew Hands**
STREET ADDRESS **2315 S. Atlantic Ave.**
CITY-ST-ZIP **Daytona Beach Shores, FL 32118**

TITLE **V/D** ☐ Delete
NAME **BROWN, MARY**
STREET ADDRESS **453 S. ATLANTIC AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 *Victoria L. DiMaria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/01 255-0415

CR2E037 (10/00)