

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002985

1. Entity Name

FLORIDA SUPERIOR SMALL LODGING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

926 ELYSIUM BLVD.
MT. DORA FL 32757-7025

926 ELYSIUM BLVD.
MT. DORA FL 32757-7025

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

59-3514390

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

DERMODY, DONAL A
926 ELYSIUM BLVD.
MT. DORA FL 32757-7025

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TDC ☒ Delete
NAME POIRIER, ROBERT A
STREET ADDRESS 2801 TERRAMAR ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE V/D ☐ Change ☒ Addition
NAME Roseanne Petit
STREET ADDRESS 10356 Gulf Blvd.
CITY-ST-ZIP Treasure Island FL 33706

TITLE TVPD ☒ Delete
NAME WILKERSON, MARY
STREET ADDRESS 810 GULFIDE BLVD.
CITY-ST-ZIP INDIAN ROCKS BCH. FL 34635

TITLE V/D ☐ Change ☒ Addition
NAME Donna Boucher
STREET ADDRESS 1715 S. Surf Rd.
CITY-ST-ZIP Hollywood FL 33019

TITLE TD ☐ Delete
NAME KRAYTH, ROGER
STREET ADDRESS 3801 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BCH. FL 32127

TITLE C/D ☒ Change ☐ Addition
NAME KRAUTH
STREET ADDRESS
CITY-ST-ZIP

TITLE DPT ☐ Delete
NAME DERMODY, DONAL A
STREET ADDRESS 926 ELYSIUM BLVD.
CITY-ST-ZIP MT. DORA FL 32757-7025

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME Red Blanchette
STREET ADDRESS 1652 N. Tamiami Trail
CITY-ST-ZIP N. Ft. Myers FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition
NAME Joe Finnegan
STREET ADDRESS 279 St. George St.
CITY-ST-ZIP St. Augustine FL 32084

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000 904-767-6039

Date

Daytime Phone #

CR2E037 (9/99)

NG7000002985

00036698

⑪ Add:

S/D

Tom Bartosek

8810 Astronaut Blvd. Suite 102

Cape Canaveral FL 32920