

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001885

1. Entity Name
HOLIDAY TENTS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90038 022 ***150.00

Principal Place of Business

1990 HWY 44
EUSTIS FL 32726

Mailing Address

1990 HWY 44
EUSTIS FL 32726-2646

2. Principal Place of Business

101 Clifford Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1521
Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FLA

4. FEI Number

59-3165170

Applied For

Not Applicable

Zip

32726

Country

LAKE

Zip

32727

Country

LAKE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, ANNA J
40050 EMERALDA ISLAND ROAD
LEESBURG FL 34788

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

Anna J Stephenson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCIS H. STEPHENSON	
STREET ADDRESS	40050 EMERALDA ISLAND ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEPHENSON, ANNA J	
STREET ADDRESS	40050 EMERALDA ISL RD	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	415 E. MACDONALD AVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	415 E. MACDONALD AVE	
CITY-ST-ZIP	EUSTIS FL 32726	
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:

Anna J Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-00

Date

352-589-6828

Daytime Phone #

C-32E034 (9/99)