

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90055 027 \*\*\*150.00

0454867

**DOCUMENT # P94000064407**

1. Entity Name  
**DAIRY PLAZA, INC.**

Principal Place of Business

**105 SEABREEZE BLVD  
 SUITE 105  
 DAYTONA BEACH FL 32118  
 US**

Mailing Address

**P.O. BOX 4235  
 ORMOND BEACH FL 32175  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3275590**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HOOD, CHARLES D JR.  
 444 SEABREEZE BLVD.  
 SUITE 900  
 DAYTONA BEACH FL 32118**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 re-issuing) 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, 2001 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 :

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	VANDARIFF, SARAH D.	100 SEABREEZE BLVD SUITE 105	DAYTONA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	SMITH, HORACE J	444 SEABREEZE BLVD #900	DAYTONA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	LOUCKS, WILLIAM E.	444 SEABREEZE BLVD #900	DAYTONA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	JONES, ELSE J.	100 SEABREEZE BLVD SUITE 105	DAYTONA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Sarah D Vandariff* SD Vandariff 4/25/01 386/6729080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)