

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90106 029 \*\*\*150.00

DOCUMENT # P94000090126

1. Entity Name

LA FIESTA PROPERTIES, INC.

Principal Place of Business

810 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084  
US

Mailing Address

810 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084  
US

2. Principal Place of Business

818 A1A BEACH BLVD

3. Mailing Address

818 A1A BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE BEACH

City & State

ST. AUGUSTINE BEACH

4. FEI Number

59-3281231

Applied For

Not Applicable

Zip

32080

Country

US

Zip

32080

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMENDOLA, BEN  
810 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

818 A1A BEACH BLVD

ST. AUGUSTINE BEACH

City

FL

Zip Code

32080

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

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, 2002 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

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS LAMENDOLA, BEN  
CITY-ST-ZIP 905 REDBUD TRAIL  
ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS LAMENDOLA, DEANNA  
CITY-ST-ZIP 905 REDBUD TRAIL  
ST. AUGUSTINE FL 32086

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCULLERS, JOHN  
CITY-ST-ZIP 6 CREEK VIEW WAY  
ORMOND BEACH FL 32174

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOLSOM, DOUGLASS SR  
CITY-ST-ZIP 5 CHEYENE CT  
PALM COAST FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15 CARRIBE CREEK  
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

TITLE ☐ Change ☐ 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:

*Ben LAMENDOLA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 904-461-5571  
Date Daytime Phone #

CP2E034 (9/01)