

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000005095**

1. Entity Name

**BEST CHOICE PROPERTIES, INC.****FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90228 042 \*\*\*150.00

Principal Place of Business

Mailing Address

**3500-2 S. NOVA RD.  
PORT ORANGE FL 32119****3500-2 S. NOVA RD.  
PORT ORANGE FL 32119-3719**

104400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3289782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**BRIGGS, VICTORIA  
3500-2 S. NOVA RD.  
PORT ORANGE FL 32119**

## 7. Name and Address of New Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
MENDELSON, DON  
727 CRANE COURT  
PORT ORANGE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Donald M. Mendelson  
727 Crane Court  
Port Orange FL 32127** ☒ Change ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
William J. Shults  
53 Timber Trail  
Port Orange, FL 32127** ☐ Change ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Michelle V. Hoffecker  
5581 Mossy Oak Lane  
Port Orange, FL 32127** ☐ Change ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Victoria M. Briggs  
2724 Turnbull Bay Road  
New Smyrna Beach, FL 32168** ☐ Change ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Mary A. Willman  
4041 Bruner Rd  
Daytona Bch, FL 32119** ☐ Change ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Delete

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #