

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054725

1. Entity Name  
GENERAL MARKET DEVELOPMENT, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90174 034 \*\*\*150.00

Principal Place of Business Mailing Address  
TRAVEL AM 830 US HWY 27 S GMD/TRAVEL INN  
830 US HWY 27 S 830 US HWY 27 S  
LAKE WALES FL 33853 LAKE WALES FL 33853-4553  
US US

2. Principal Place of Business 3. Mailing Address  
Travel Inn Travel Inn  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
830 US HWY 27 S 830 US HWY 27 S  
City & State City & State  
Lake Wales FL Lake Wales FL  
Zip Country Zip Country  
33853 POLK 33853 POLK



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3414082 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
PATEL, DIVYANSU D  
207 W MACCLENNY AVE  
MACCLENNY FL 32063

7. Name and Address of New Registered Agent  
Name PATEL VILAS D  
Street Address (P.O. Box Number is Not Acceptable)  
830 US HWY 27 S  
City Lake Wales FL Zip Code 33853

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. ☐ 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. EXISTING OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	PATEL, VILAS D	NAME	
STREET ADDRESS	830 US HWY 27 S	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: VILAS D. PATEL 3-1-00 883 676 3917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)