

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014018

1. Entity Name

SILVER BEACH VILLAS, INC.

FILED

00 FEB -2 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1025 SOUTH ATLANTIC AVENUE
DAYTONA BEACH FL 32119

1025 SOUTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118-4764

2. Principal Place of Business

1015 SO. ATLANTIC AVE.

3. Mailing Address

1015 SO. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3421668

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUISICE, JOSEPH A
2441 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name W. ROBERT HEY
Street Address (P.O. Box Number is Not Acceptable)
1015 SO ATLANTIC AVE
DAYTONA BEACH FL 32118
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HEY, W. ROBERT	
STREET ADDRESS	1025 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABOSCO, CHERYL	
STREET ADDRESS	1025 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISKE, MARIE	
STREET ADDRESS	1025 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS	800003128788	
CITY-ST-ZIP	-02/09/00--01012--013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	****158.75 ****158.75	
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #