

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035731

1. Entity Name

STARLIGHT RETIREMENT I, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90205 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1265 GREEN DAIRY ROAD  
DELAND FL 32720

1265 GREEN DAIRY ROAD  
DELAND FL 32130-1129

2. Principal Place of Business

906 N. CLARA AVE.

Suite, Apt. #, etc.

3. Mailing Address

906 N. CLARA AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELAND, FLORIDA

City & State

DELAND, FLORIDA

4. FEI Number

59-3452528

Applied For

Not Applicable

Zip

Country

32720

USA

Zip

Country

32720

USA

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

STOLL, HERMAN  
1265 GREEN DAIRY ROAD  
DELAND FL 32720

Name

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

906 N. CLARA AVE.

City

DELAND

FL

Zip Code

32720

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STOLL, HERMAN  
1265 GREENS DAIRY RD  
DELAND FL 32720

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
906 N. CLARA AVE.  
DELAND, FL. 32720

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HERMAN STOLL JR 4-28-2000 904-736-0759