

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036134

1. Entity Name

ORMOND PROPERTIES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90122 010 ***150.00

Principal Place of Business

501 S RIDGEWOOD AVE
DAYTONA BCH FL 32114

Mailing Address

501 S RIDGEWOOD AVE
DAYTONA BCH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3441331

Applied For
Not Applicable

5. Certificate of Status Des rec

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, DAVID A
 501 S RIDGEWOOD AVE
 DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

Zip/City

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 Date Filed)

Signature (Typed or Printed Name of Registered Agent and Date Filed)

Date

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See order on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	D	☐ Delete
NAME	MCMAHON, SAM H JR	
STREET ADDRESS	111 W WOODLAWN ROAD #C110	
CITY-STATE-ZIP	CHARLOTTE NC 28217	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam H. McMahon, Jr. 4/24/01 (704) 525-2177

CH2=C34 (10.00)