

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

**DUNEDIN INN CORP.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 013 \*\*\*150.00

Principal Place of Business

Mailing Address

00034867

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6830 CENTRAL AVE**

3. Mailing Address

**6830 CENTRAL AVE**

Suite, Apt. #, etc

**SUITE D**

Suite, Apt. #, etc

**SUITE D**

City & State

**St Petersburg FL**

City & State

**St Petersburg FL**

Zip

**33707**

Country

**USA**

Zip

**33707**

Country

**USA**

4. FEI Number

**59-3469798**

Applied For

Not Applicable

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

Name

**MARK R. LEWIS, Sr.**

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

**6830 CENTRAL AVE**  
**SUITE D**

City

**St Petersburg**

**FL**

Zip Code

**33707**

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 fee 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)

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**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.

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**\$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

**P-S-T-D**  
**MARK R. LEWIS, Sr.**  
**6830 CENTRAL AVE., STED**  
**St. Petersburg, FL 33707**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 #

**4/28/00**