

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026870

1. Entity Name

HOLIDAY INVESTORS, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90063 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1649 SE HOLIDAY RD  
PORT ST LUCIE FL 34953

1649 SE HOLIDAY RD  
PORT ST LUCIE FL 34952-5417

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 **65-0829848**

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

CHABERD, DENNIS  
1649 SE HOLIDAY RD  
PORT SAINT LUCIE FL 34952

Name

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

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 PD  
NAME CHABERD, DENNIS  
STREET ADDRESS 1649 SE HOLIDAY RD  
CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME STEVENS, RICHARD  
STREET ADDRESS 3329 PARTRIDGE PARK  
CITY-ST-ZIP POLAND OH 44514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME SIMS, MARILYN  
STREET ADDRESS 7319 RESERVE CREEK DRIVE  
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BROEG, AL  
STREET ADDRESS 2473 SE DELANO RD  
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME SIMS, TOM  
STREET ADDRESS 7319 RESERVE CREEK DRIVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 #

President 2/29/00 (561)335-9029

CR2E034 (9/99)