

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000026870**

1. Entity Name

HOLIDAY INVESTORS, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90230 049 ***150.00

Principal Place of Business

**1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953**

Mailing Address

**1649 SE HOLIDAY RD
PORT ST LUCIE FL 34953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829848

Applied For

Not Applicable

Zip

Country

Zip

Country

34952**34952**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHABERD, DENNIS	1649 SE HOLIDAY RD	PORT ST LUCIE FL 34953						
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STEVENS, RICHARD	3329 PARTRIDGE PARK	POLAND OH 44514						
	TD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SIMS, MARILYN	7319 RESERVE CREEK DRIVE	PORT ST LUCIE FL 34986						
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BROEG, AL	2473 SE DELANO RD	PORT ST LUCIE FL 34952						
	TD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SIMS, TOM	7319 RESERVE CREEK DRIVE	PORT SAINT LUCIE FL 34986						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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

Dennis Chaberd

Date

Daytime Phone #

1-16-01 561 3359029

CR2E034 (10/00)