

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90399 035 \*\*\*150.00

**DOCUMENT # P98000026870**

**1. Entity Name**  
**HOLIDAY INVESTORS, INC.**

**Principal Place of Business**  
**1649 SE HOLIDAY RD**  
**PORT SAINT LUCIE FL 34952**

**Mailing Address**  
**1649 SE HOLIDAY RD**  
**PORT SAINT LUCIE FL 34952**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



**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, 2002 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** ☐ Delete  
**NAME** **CHABERD, DENNIS**  
**STREET ADDRESS** **1649 SE HOLIDAY RD**  
**CITY-ST-ZIP** **PORT SAINT LUCIE FL 34952**

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

**TITLE** **SD** ☐ Delete  
**NAME** **STEVENS, RICHARD**  
**STREET ADDRESS** **3323 PARTRIDGE PARK**  
**CITY-ST-ZIP** **POLAND OH 44514**

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

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

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

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

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-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:** *Dennis Chaberd* **DENNIS CHABERD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/02*

Date

*772 335-9029*

Daytime Phone #

CR2E034 (9/01)