

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90830 019 ***150.00

0008641 AV

DOCUMENT # P98000027535

1. Entity Name

VILANO BEACH ENTERPRISES II, INC.

Principal Place of Business

**10 VILANO ROAD
 SAINT AUGUSTINE FL 32084**

Mailing Address

**10 VILANO ROAD
 SAINT AUGUSTINE FL 32084**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCGINNIS, ARTHUR J
 10 VILANO ROAD
 ST. AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name **SUSAN M BURK**

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

236 SAN MARCO AVE

City **ST AUGUSTINE**

FL

Zip Code **32084**

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 *Arthur J. McGinnis*
 Signature, typed or printed name of registered agent and title if applicable.

ARTHUR J. MCGINNIS

3-14-02

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

TITLE **P** ☐ Delete
 NAME **MCGINNIS, ARTHUR J**
 STREET ADDRESS **10 VILANO ROAD VILANO BEACH**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **V** ☐ Delete
 NAME **BURK, SUSAN M**
 STREET ADDRESS **236 SAN MARCO AVE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **ST** ☐ Delete
 NAME **BURK, TERRY L**
 STREET ADDRESS **10 VILANO RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Terry L Burk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

904 819 5555
 Daytime Phone #

CR2E034 (9/01)