

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90090 015 \*\*\*150.00

0553760

**DOCUMENT # P98000029038**

1. Entity Name  
**WEBB'S 99 OF HOLIDAY, INC.**

Principal Place of Business  
**2005 BROAD STREET**  
**BROOKSVILLE FL 34609**

Mailing Address  
~~2005 BROAD STREET~~ **PO BOX 15569**  
~~BROOKSVILLE FL 34609~~  
**Brooksville, FL**  
**34609**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 15569**  
 Suite, Apt. #, etc.

City & State  
**Brooksville, FL**

Zip  
**34609**

Country  
**USA**

4. FEI Number **59-3498172**

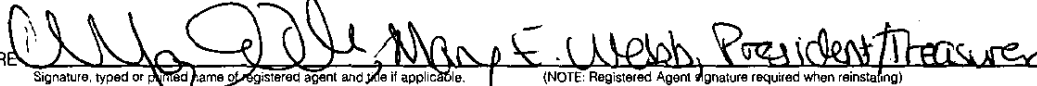
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEBB, MARY E**  
**2005 BROAD STREET**  
**BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent  
 Name **(Same)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2035 Broad St.**  
 City **Brooksville** **FL** Zip Code **34609**

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  **Mary E. Webb, President/Treasurer** **4/30/01**  
 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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS</b> <b>WEBB, MARY E</b> <b>2005 BROAD STREET</b> <b>BROOKSVILLE FL 34609</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/P</b> <b>WEBB, MARY E</b> <b>2005 BROAD STREET</b> <b>BROOKSVILLE FL 34609</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  **Mary E. Webb, President** **4/30/01**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)