

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077677

1. Entity Name  
ALOHA BEACH MOTEL, INC.

FILED  
Mar 06, 2000 8:00 am  
Secretary of State  
03-06-2000 90100 022 \*\*\*158.75

Principal Place of Business  
S ATLANTIC AVE.  
BEACH FL 32120

Mailing Address  
PO BOX 9988  
DAYTONA BEACH FL 32120-0988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3: Mailing Address  
1431 S. ATLANTIC AVE  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-3530761  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CROASMAN, ROBERT M  
909 BEVILLE ROAD  
DAYTONA BEACH FL 32120

7. Name and Address of New Registered Agent  
Name  
VAN NEVIUS  
Street Address (P.O. Box Number is Not Acceptable)  
1431 S. ATLANTIC AVE  
City  
DAYTONA BEACH FL Zip Code 32118

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 *Van Nevius* (NOTE: Registered Agent signature required when reinstating)  
DATE 2-29-00

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	<input checked="" type="checkbox"/> Delete	TITLE	PRES, SEC., DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROASMAN, ROBERT M		NAME	CAROLYN L. WENZEL	
STREET ADDRESS	909 BEVILLE ROAD		STREET ADDRESS	1431 S. ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32120		CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP, DIR, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVIUS, VAN		NAME		
STREET ADDRESS	1431 S ATLANTIC		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Van Nevius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 2-29-00 DAYTIME PHONE # 904-238-4050

CR2E034 (9/99)