

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091685

1. Entity Name

SOUTHERN SELECT VILLAS INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90198 009 ***150.00

Principal Place of Business

383 MONTANA AVENUE
DAVENPORT FL 33837

Mailing Address

383 MONTANA AVENUE
DAVENPORT FL 33837-5625

2. Principal Place of Business

2425 FRONTAGE ROAD

3. Mailing Address

2425 FRONTAGE ROAD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

DAVENPORT, FLORIDA

City & State

DAVENPORT, FLORIDA

Zip

33837

Country

U.S.A.

Zip

33837

Country

U.S.A.

4. FEI Number

59-3539737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, PATRICK
383 MONTANA AVENUE
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

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, 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

TITLE D ☐ Delete
NAME HOLMES, NICHOLAS
STREET ADDRESS CENTRAL STORES MIDDLETON MIDDLE WINTERSLOW
CITY-ST-ZIP SALISBURY, WILTS SP5 1QS OC

TITLE D ☐ Delete
NAME BURGESS, PATRICK
STREET ADDRESS 383 MONTANA AVENUE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME HOLMES, NICHOLAS
STREET ADDRESS 342 MONTANA AVE
CITY-ST-ZIP DAVENPORT, FL 33837

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

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

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

TITLE ☐ Change ☐ Addition
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:

Nicholas Holmes (NICHOLAS HOLMES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.00

Date

863-420-1488

Daytime Phone #

CR2E034 (9/99)