

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103683

1. Entity Name

WARM MINERAL SPRINGS MOTEL, INC.

Principal Place of Business

Mailing Address

12597 SO. TAMiami TR.
WARM MINERAL SPRINGS FL 34287

12597 SO. TAMiami TR.
WARM MINERAL SPRINGS FL 34287

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 65-0883781

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

HERBER, ROGER A
12597 S. TAMiami TRAIL
WARM MINERAL SPRINGS FL 34287

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, 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 **P** ☐ Delete
NAME **KARL, GERHARD**
STREET ADDRESS **GUSTAV-HOCH-STR-50**
CITY-ST-ZIP **HANAV GERMANY**

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

TITLE **O** ☐ Delete
NAME **HERBER, ROGER A**
STREET ADDRESS **12597 S. TAMiami TRAIL**
CITY-ST-ZIP **WARM MINERAL SPRINGS FL 34287**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Roger A. Herber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 941-426-4029

Date

Daytime Phone #

CR2E034 (10/00)

0547622

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90114 041 ***150.00



DO NOT WRITE IN THIS SPACE