

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005185

1. Entity Name

TRAVELHOST DAYTONA, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

02-22-2000 90046 022 ***150.00

09-15-2000 90003 037 ***550.00

Principal Place of Business

% JAMES WARREN
10339 DOCKSIDER DR. E.
JACKSONVILLE FL 32257

Mailing Address

% JAMES WARREN
10339 DOCKSIDER DR. E.
JACKSONVILLE FL 32257

2. Principal Place of Business

11086 HECKSCHER DR.
Suite, Apt. #, etc.

3. Mailing Address

11086 HECKSCHER DR.
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3552071

Applied For

Not Applicable

Zip

Country

Zip

Country

32226

DOVAL

32226

DOVAL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, JAMES M
10339 DOCKSIDE DR. E
JACKSONVILLE FL 32257

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

JAMES M. WARREN - PRES. *James M. Warren*

9-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 WARREN, JAMES M
STREET ADDRESS 10339 DOCKSIDE DR. E.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VP ☐ Delete
NAME CREWS, TERRY LYNN
STREET ADDRESS 351 CROSSING BLVD. S-225
CITY-ST-ZIP ORANGE PARK FL 32073

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 ☐ 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

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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:

James M. Warren
JAMES M. WARREN

9-12-00

(904) 262-1592

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (5/00)