

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90047 050 ***550.00

DOCUMENT # P99000020888

1. Entity Name
HOLIDAY HAVEN II, INC.

Principal Place of Business
7039 ASHLEIGH MANOR CT
ALEXANDRIA VA 22315

Mailing Address
7039 ASHLEIGH MANOR CT
ALEXANDRIA VA 22315

2. Principal Place of Business
148 HEATHER WAY
 Suite, Apt. #, etc.

3. Mailing Address
148 HEATHER WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL
 Zip
32073
 Country
CLAY

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 Country
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4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, CRAIG G
110 BAYOU DRIVE
SATSUMA FL 32189

Name
 Street Address (P.O. Box Number is Not Acceptable)
148 HEATHER WAY
 City **ORANGE PARK** **FL** Zip Code **32073**

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 *Craig G Brock President*
 Signature typed or printed name of registered agent and title if applicable

9-11-2000
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

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: *Craig G Brock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000 **904 269-8085**
 Date Daytime Phone #

CH 034 (5/00)