

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000043513

1. Entity Name

TABLESIDE FELLOWSHIP, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90007 003 ***150.00

Principal Place of Business

Mailing Address

% CAROBE RESORT
2125 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

% CAROBE RESORT
2125 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118-5009

80023648

2. Principal Place of Business

3. Mailing Address

EL CARIBE RESORT
Suite, Apt. #, etc.
#1105

2125 S. ATLANTIC AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

DAYTONA BCH SHORES FL.

Zip
32118

Country
VOLUSIA

Zip

Country

4. FEI Number

59-3589032

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

STACY, ANNIE
168 CLEAR LAKE CIR
SANFORD FL 32773

Name
LEE CONWAY

Street Address (P.O. Box Number is Not Acceptable)

2826 RIDGE RD.

City
DAYTONA BCH SHORES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/14/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
D CONWAY, LEE C
STREET ADDRESS
168 CLEAR LAKE CIR.
CITY-ST-ZIP
SANFORD FL 32773

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

TITLE ☐ Delete
NAME
D CONWAY, LISA J
STREET ADDRESS
168 CLEAR LAKE CIR.
CITY-ST-ZIP
SANFORD FL 32773

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

LEE CONWAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
Date

904-255 3464
Daytime Phone #