

2000 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED

May 11, 2000 8:00 am
Secretary of State

04-18-2000 90255 021 ***150.00

DOCUMENT # P99000058612

1. Entity Name

HALIFAX MANAGEMENT OF DAYTONA BEACH, INC.

Principal Place of Business

Mailing Address

32 OCEAN CREST DRIVE
ORMOND BEACH FL 3217632 OCEAN CREST DRIVE
ORMOND BEACH FL 32176-3150

2. Principal Place of Business

1501 PINE AVE

3. Mailing Address

1501 PINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLY HILL, FL

City & State

HOLLY HILL, FL

4. FEI Number

59-3585022

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

32117

Country

USA

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

~~MITCHELL, JEROME D
400 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL 32114~~

Name

JUDITH M. BUCKLEY

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

1501 PINE AVE

City

HOLLY HILL

FL

Zip Code

32117

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

Judith M. Buckley

4-27-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, JUDITH M	NAME	
STREET ADDRESS	32 OCEAN CREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	
TITLE	SDVT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, RONALD D JR.	NAME	
STREET ADDRESS	32 OCEAN CREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Judith M. Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/00

Daytime Phone #

(904) 671-0177