

# 2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P9900066565

090100

1. Entity Name

HPT-Halifax Plantation Travel Inc

FILED

00 OCT -9 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
 Attn Robert M. Larsen Attn Robert M. Larsen  
 Ste 108 3766 Roscommon Dr Ste 108 3766 Roscommon Dr  
 Ormond Beach, FL 32174 Ormond Beach, FL 32174 -  
 2849

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

59-3606368

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Monahan, John S Jr PA  
 431 N Grandview Ave  
 Daytona Beach, FL 32118

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 John S Monahan Jr, PA

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 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 DP  
 NAME Larsen, Robert M  Delete  
 STREET ADDRESS Ste 108 3766 Roscommon Dr  
 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME Larsen, Bonnie B  Delete  
 STREET ADDRESS Ste 108 3766 Roscommon Dr  
 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 300003430013--4  
 CITY-ST-ZIP -10/19/00--01079--005  
 \*\*\*\*150.00 \*\*\*\*150.00

TITLE D  
 NAME Monahan, John S Jr, PA  Delete  
 STREET ADDRESS 431 N Grandview Ave  
 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

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

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00 904 672 2992  
 Date Daytime Phone #

CR2E034 (9/99)

2082

ROBERT LARSEN  
3766 ROS COMMON DR  
ORMOND BEACH, FL 32174

*ok to pay \$150.00 per  
- thampton  
hole due to death of father  
out of town until now*

Request taken by: thampton  
05-01-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314