

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/17

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90107 038 \*\*\*150.00

DOCUMENT # **P 99000087835**

1. Entity Name

**ORCHID CITY INN CORPORATION**

Principal Place of Business

Mailing Address

**1515 SOUTH FLAGLER DR.**

**1515 SO. FLAGLER DR.**

**#2104**

**#2104**

**WEST PALM BEACH, FL 33401**

**WEST PALM BEACH, FL. 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0978437**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLARKE, JAMES U.**  
**1515 SO. FLAGLER DR. #2104**  
**WEST PALM BEACH, FL 33401**

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 U. Clarke*

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

(NOTE: Registered Agent signature required when reinstating)

**04/09/01**

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, 2001 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	CLARKE, JOHN M	<input type="checkbox"/> Delete
NAME	SECRETARY	
STREET ADDRESS	1701 SO. FLAGLER DR. #1702	
CITY-ST-ZIP	W. PALM BEACH, FL. 33401	
TITLE	CLARKE, JAMES U.	<input type="checkbox"/> Delete
NAME	PRES.	
STREET ADDRESS	1515 S. FLAGLER DR. #2104	
CITY-ST-ZIP	W. PALM BEACH, FL. 33401	
TITLE	CLARKE, MARGARET	<input type="checkbox"/> Delete
NAME	TREASURER	
STREET ADDRESS	1701 S. FLAGLER DR. #1702	
CITY-ST-ZIP	W. PALM BEACH, FL. 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 U. Clarke Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/09/01 581833-2444**

Date

Daytime Phone #

CR2E034 (1/100)