

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090395

1. Entity Name

MACCOY LODGES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90081 023 ***150.00

Principal Place of Business

11383 SOUTH TURNER AVENUE
FLORAL CITY FL 34436

Mailing Address

11383 SOUTH TURNER AVENUE
FLORAL CITY FL 34436-4926

2. Principal Place of Business

310 EAST MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

310 EAST MAIN STREET

Suite, Apt. #, etc.

City & State

AVON PARK, FLORIDA

City & State

AVON PARK, FLORIDA

4. FEI Number

59-3603345

Applied For

Not Applicable

Zip

33825

Country

U.S.A.

Zip

33825

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, SANDRA

370 W. CMAINO GARDENS BLVD. #114
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VANDERZEE, GLORIA	
STREET ADDRESS	22 LUFFNESS DRIVE SOUTH SHIELDS,	
CITY-ST-ZIP	TYNE AND WEAR, ENGLAND	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VANDERZEE, STEPHEN	
STREET ADDRESS	22 LUFFNESS DRIVE SOUTH SHIELDS,	
CITY-ST-ZIP	TYNE AND WEAR, ENGLAND	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERZEE, GLORIA	
STREET ADDRESS	310 EAST MAIN STREET	
CITY-ST-ZIP	AVON PARK FLORIDA 33825	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERZEE, STEPHEN	
STREET ADDRESS	310 EAST MAIN STREET	
CITY-ST-ZIP	AVON PARK FLORIDA 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

G. Vanderzee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 MARCH 2000

Date

Daytime Phone #

CR2E034 (9/99)