

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102459

1. Entity Name

FLAGLER BEACH MOTEL, INC.

Principal Place of Business

Mailing Address

2936 VISTA PALM
EDGEWATER FL 32141

2936 VISTA PALM
EDGEWATER FL 32141

2. Principal Place of Business

141 South Atlantic Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

4. FEI Number

59-3609739

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

HOLLAND, DANIEL
2936 VISTA PALM
EDGEWATER FL 32141

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	D	<input type="checkbox"/> Delete
NAME	HOLLAND, DANIEL	
STREET ADDRESS	2936 VISTA PALM	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, SUSANNE	
STREET ADDRESS	2936 VISTA PALM	
CITY-ST-ZIP	EDGEWATER FL 32141	
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	<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
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STREET ADDRESS	
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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: Susanne C. Holland Susanne C. Holland Director 4-14-2000 904-253-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90057 010 ***150.00

UUU30470



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)