

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000102459**

1. Entity Name

**HOLLAND HOSPITALITY, INC.**

Principal Place of Business

**141 S. ATLANTIC AVE  
DAYTONA BEACH FL 32118**

Mailing Address

**2936 VISTA PALM  
EDGEWATER FL 32141**

2. Principal Place of Business

3. Mailing Address

**1982 STATE ROAD 44**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#359**

City &amp; State

City &amp; State

**NEW SMYRNA BEACH FL**

Zip

Country

Zip

Country

**32168**

4. FEI Number

**59-3609739**

Applied For

Not Applicable

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)

**1982 STATE ROAD 44****#359**

City

**NEW SMYRNA BEACH****FL**

Zip Code

**32168**

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.

**DANIEL HOLLAND**

(NOTE: Registered Agent signature required when reinstating)

**3-7-01**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLAND, DANIEL  
2936 VISTA PALM  
EDGEWATER FL 32141**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLAND, DANIEL  
1982 STATE ROAD 44 #359  
NEW SMYRNA BEACH, FL 32168**TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP  
**D  
HOLLAND, SUSANNE  
2936 VISTA PALM  
EDGEWATER FL 32141**TITLE ☒ Change ☐ Addition  
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CITY-ST-ZIP  
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HOLLAND, SUSANNE  
1982 STATE ROAD 44 #359  
NEW SMYRNA BEACH, FL 32168**TITLE ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL HOLLAND**

Date

**3-7-01**

Daytime Phone #

**904-426-7265****FILED  
Mar 19, 2001 8:00 am  
Secretary of State**

03-19-2001 90031 045 \*\*\*150.00

**00034905**

DO NOT WRITE IN THIS SPACE

0453324

CR2E034 (10/00)