

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11870

1. Entity Name

SIESTA PLAZA MOTEL, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90048 010 ***150.00

Principal Place of Business

Mailing Address

1120 SUN N SEA DR
SARASOTA FL 34242

3610 BROOKLYN AVE
FT WAYNE IN 46809-1313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0228616

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

GROVES, JAMES
1120 SUN N SEA DR
SARASOTA FL 34242

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MUSSELMAN, ROBERT 3610 BROOKLYN AVE FT WAYNE IN | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUHLER, JOSEPH M 3610 BROOKLYN AVE FT WAYNE IN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAGHID, MOURTADA 3610 BROOKLYN AVE FT WAYNE IN | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, DONALD M 3610 BROOKLYN AVE FT WAYNE IN | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUSSLEMAN, ROBERT 3610 BROOKLYN AVE FT WAYNE IN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOPEN, BRUCE 3610 BROOKLYN AVE FT WAYNE IN | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D King, Mark 3610 Brooklyn Ave Fort Wayne, Indiana | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Mohman, Michael 3610 Brooklyn Avenue Fort Wayne, Indiana | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mohman, John 3610 Brooklyn Ave Fort Wayne, IN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tritch, Dan 3610 Brooklyn Ave Fort Wayne, IN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Acker, H.K. 3610 Brooklyn Avenue Fort Wayne, IN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Osos, Nancy 3610 Brooklyn Ave Fort Wayne, IN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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

2-29-00

Date

Daytime Phone #

S11870

622091

Attachment to Document # S11870

Question #12

Title: D

Name: Paris, David

Street Address: 3610 Brooklyn Ave.

City: Fort Wayne, IN 46809

Title: D/S

Name: Ehinger, William

Street Address: 3610 Brooklyn Ave.

City: Fort Wayne, IN 46809

Title: D

Name: Giant, Donald

Street Address: 3610 Brooklyn Ave.

City: Fort Wayne, IN 46809

Note: This individual appears under Section 11, but the name is misspelled as "Grant"