

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12620

1. Entity Name  
FOUR OAKS MOTEL, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90010 045 \*\*\*550.00

Principal Place of Business  
2061 GULF TO BAY BLVD.  
CLEARWATER FL 34625

Mailing Address  
2061 GULF TO BAY BLVD.  
CLEARWATER FL 34625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2061 GULF TO BAY BLVD.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
CLEARWATER FL

City & State

Zip  
33765

Country  
USA

Zip

Country

4. FEI Number 59-3113732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DI BERARDINO, SALVATORE  
2061 GULF-TO-BAY BOULEVARD  
SUITE 204  
CLEARWATER FL 34625

## 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 *Jack DiBerardino* DATE 09/12/00

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD	DIBERARDINO, SALVATORE	2061 GULF TO BAY CLEARWATER FL	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input 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: *Jack DiBerardino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/00 727 446-8007

Date Daytime Phone #