

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90158 035 ***550.00

DOCUMENT # V12620

1. Entity Name

FOUR OAKS MOTEL, INC.

Principal Place of Business

**2061 GULF TO BAY BLVD.
 CLEARWATER FL 34625**

Mailing Address

**2061 GULF TO BAY BLVD.
 CLEARWATER FL 34625**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3113732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

GIOVANNA DiBerardino

Street Address (P.O. Box Number is Not Acceptable)

2061 GULF-TO-BAY-BLVD.

City

CLEARWATER

FL

Zip Code

33765

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

Giacomo DiBerardino, President

09/07/01

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 \$550.00
 After September 12, 2001 Fee 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	DIBERARDINO, SALVATORE	
STREET ADDRESS	2061 GULF TO BAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DIBERARDINO, GIOVANNA	
STREET ADDRESS	2061 GULF-TO-BAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VICED PRESIDENT	<input type="checkbox"/> Delete
NAME	DIBERARDINO, SALVATORE	
STREET ADDRESS	2061 GULF TO BAY	
CITY-ST-ZIP	CLEARWATER FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACOMO DIBERARDINO	
STREET ADDRESS	2061 GULF-TO-BAY-BLVD	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA FIUMARH	
STREET ADDRESS	215 N EUCLID AV	
CITY-ST-ZIP	DAK PARK FL 40302	
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		
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:

Giacomo DiBerardino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/07/01

Daytime Phone #

(727) 446-8007

CR2E034 (5/01)