

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63445

1. Entity Name

GROUP 500 DAYTONA, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90383 037 ***150.00

Principal Place of Business

Mailing Address

28 W CENTRAL BLVD
ORLANDO FL 32802

28 W CENTRAL BLVD
ORLANDO FL 32801-2466

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

76-0408391

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

7. Name and Address of New Registered Agent

WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802

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	VP	<input checked="" type="checkbox"/> Delete
NAME	SILVESTRI, PAOLO	
STREET ADDRESS	120 KING STREET W, SUITE 100	
CITY-ST-ZIP	HAMILTON ON	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	SILVESTRI, FRANK	
STREET ADDRESS	120 KING ST. W. STE. 1000	
CITY-ST-ZIP	HAMILTON, ONTARIO CA L8P4V-2	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, WARREN E	
STREET ADDRESS	28 W CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SILVESTRI, DAN	
STREET ADDRESS	3033 CHIMNEY ROCK #400	
CITY-ST-ZIP	HOUSTON TX 77056	
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"/> 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	312 WING LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 407-425484

CR2E034 (9/99)