

2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-15-2001 90013 033 ***150.00

DOCUMENT # V73949

1. Entity Name

BOWLING GREEN HOTEL ASSETS, INC.

Principal Place of Business

Mailing Address

POB 3659
INDIALANTIC FL 32903

POB 3659
INDIALANTIC FL 32903

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

58-2016388

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

KOONIN, LAUREN B.
325 FIFTH AVE
STE 207
INDIALANTIC FL 32903

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. The corporation is eligible to satisfy its intangible
filing requirement and elects to do so.
(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	PD	<input type="checkbox"/> Delete
NAME	VOLKERT, LEON H.	
STREET ADDRESS	4116 N OCEAN DR., #700	
CITY-STATE	LAUDERDALE BY THE SEA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOONIN, LAUREN B.	
STREET ADDRESS	325 FIFTH AVE	
CITY-STATE	INDIALANTIC FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAUST, CHARLES R	
STREET ADDRESS	4116 N. OCEAN DR., #700	
CITY-STATE	LAUDERDALE BY THE SEA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HENDERSON, CHARISSE A	
STREET ADDRESS	325 FIFTH AVENUE	
CITY-STATE	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE		

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

LAUREN

Lauren Koonin

Date

1-19-01

Daytime Phone #

321 725-7500

CR2E034 (10/00)