## 2000 UNIFORM BUSINESS REPORT (UBR)

changed

SIGNATURE

## FILED DOCUMENT # F95000004894 Mar 08, 2000 8:00 am 1. Entity Name Secretary of State BINAS GUEST HOUSE, INC. 03-08-2000 90012 001 \*\*\*150.00 Mailing Address Principal Place of Business 818 FLEMING ST. 818 FLEMING STREET KEY WEST FL 33040 KEY WEST FL 33040-6904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1613017 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Éee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GALCHUTT, WILLIAM** Street Address (P.O. Box Number is Not Acceptable) 818 FLEMING ST. KEY WEST FL 33040 Zip Code City FI 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 DATE (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GALCHUTT, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 818 FLEMING ST. CITY-ST-7(P CITY-ST-ZIP **KEY WEST FL** Chanoe Addition ☐ Delete TITLE TITLE SD NAME NAME BASS. STEPHEN G 1403 ROSE STREET STREET ADDRESS STREET ADDRESS <del>-906B FRANCES ST</del>-CITY-ST-ZIP CITY-ST-ZIE KEY WEST FL 33040 Delete ☐ Change Addition TITLE TITI F NAME LANGSTON, JOSEPH C JR NAME STREET ADDRESS STREET ADDRESS 818 FLEMING ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Change ☐ Addition ☐ Delete TITLE TITLE PTD NAME KOSIK, JOHN A JR 1403 ROSE SHORET STREET ADDRESS STREET ADDRESS 900B FRANCES ST. CITY-ST-ZIE CITY-ST-ZIE KEY WEST FL 33040 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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