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Sep 1	19,	<b>200</b>	<b>)2</b> 8	<b>3:</b> 0	<b>0</b>	an
		arv				

2002 UNIFORM BUSINESS REPORT (UBR)	9/1	Sep 19, 2002 8:00 at
00CUMENT # NO100008689	_	Secretary of State

1. Entity Name				09-11-2002 90056 001 ****70.00			
ST. AUGUSTINE HISTORIC INNS, INC.							
	-						
Principal Place of Business	Mailing Address				<b>991</b> 46	)	
11 CADIZ ST ST AUGUSTINE FL 32084							
2. Principal Place of Business	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. FEI Number			Applied For	
Zip Country	Zip	Country		5. Certificate of S	. /	\$8.75 A	Not Applicable
6. Name and Address of Current Reg	Tetered Agent	+				Fee Requi	ired
o. Tobile and Naciona of Out and Ho	giotered Agent	Name			dress of New Registers	d Agent	<del></del> _
DOUBL DANIED W	اء مستوء المراج	Stree	- Neddroom (B.C	CER OTT	Not Acceptable)	*	
BROWN, RONALD W 66 EUNA ST STE A		30.00	II CA	DIL ST			
ST AUGUSTINE FL 32084						•	
		City	ST A	KUTI'NE	F	Zip Co	de
8. The above named entity submits this statement for the	purpose of changing it	registered office		agent, or both, in			h, and accept
the obligations of registered agent.		_					
Samuel (	10 11	1-					
SIGNATURE Signature, typed or planted name of registered agent and til	ile if applicable. (NOTE	: Registered Agent sig	nature required whe	n reinstating)	DATE		<del></del>
	<del></del>				I.	·	
After September 13, 2002, min. will be \$236.25.	9. Election Cam Trust Fund C			5.00 May Be ided to Fees	Make Che Departm	ck Payable ent of Stat	
10. OFFICERS AND DIRECT	TORS	11.	. ADD	DITIONS/CHANG	ES TO OFFICERS AND (	DIRECTORS	N 10
TITLE D	☐ Delete	TITLE			EG 16 GI TOCHS AND	☐ Change	
NAME CEROTZKE, KEN		NAME					
STREET ADDRESS 11 CADIZ ST CITY-ST-ZIP CT ALICE INSTRUCE EL 22004		STREET ADDRESS	s				
ST ACCOUNT ITE I'L GEOOT		CITY-ST-ZIP	<u> </u>				Addition Addition
MAME LAFORTE, DON	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS 34 SARAGOSSA ST		NAME STREET ADDRESS					J
CITY-ST-ZIP ST AUGUSTINE FL 32084	معن د	CITY-ST-ZIP	7.				.
TITLE D	☐ Delete	TITLE	<b>†</b>	<del></del>		Change	Addition
"NAME " CREWS," SHERRI		"NAME"			المساسي الراجع		
STREET ADDRESS 22 AVENIDA MENENDEZ CITY-ST-ZIP ST ALIGHISTINE EL 20024		STREET ADDRESS	•				-
01 A00003111L 1 L 32004		CITY-ST-ZIP					
TITLE D NAME THOMAS, RUS	☐ Delete	TITLE Name				☐ Change	Addition
STREET ADDRESS 79 CEDAR ST		STREET ADORESS					
CITY-ST-ZIP ST SUGUSTINE FL 32084		CITY-ST-ZIP					1
mle · D	☐ Delete	TTLE	<del> </del>		<del></del> -	☐ Change	☐ Addition
NAME JAMES, WALT		NAME				ET SIMING	
STREET ADDRESS 83 CEDAR ST		STREET ADORESS	1				
CITY-ST-ZIP ST AUGUSTINE FL 32084	<u>_</u>	CITY-ST-ZIP	<del> </del>				
ITTLE DINAME HARLEN KOMMAN AND AND AND AND AND AND AND AND AND A	Defete	TITLE	[ <b>.</b>			Change	Addition
STREET ADDRESS 20 COLDON ST.		NAME,	Holee	1. KA776	جد		* 1
·   #       ###		STREET ADDRESS		11	-6.25		• JN
CITY-ST-ZIP ST DIG 18-13-13-	32084	STREET ADDRESS CITY-ST-ZIP	20 Cg	LOWA ST	a C	-04	·1

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Desprine Phone 9

SIGNATURE:

בטטבבט אטבטטן

Department of the Treasury Internal Revenue Service AT MEMPHIS TH 37501-0038

auachnero 869,9

Date of this notice: Taxpayer Identifying Number 2363

JULY 1, 2002

04-3637581

Tax Period:

For assistance you may call us at:

1-800-829-1040

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ST AUGUSTINE HISTORIC INNS % KENNETH J CEROTZKE PO BOX 5268 ST AUGUSTINE FL 32085-5268687 Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

## EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

o make sure that IRS employees give courteous rospenses and		
o make sure that IRS employees give courteous responses and of the post for the sure this post for the sure of the	correct information to taxpayers, a second IRS empl	lovee sometimes listage in an
YOUR TIME DATE OF VOLIT FACOTAGE		
leturn this part to us with your check or inquire		Overlay 5 Form 8489 (Rev.8-91)

Your telephone number

Best time to call

LOBETRY LOSS CONTRACTOR CONTRACTO

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\* TE / T BEFOR(A KESSINGHEST<mark>1963-534-00310-2</mark>V) AGAK ETM EX UNICES, NUMBER INWEST

INTERNAL REVENUE SERVICE MEMPHIS TN 37501-0038

ST AUGUSTINE HISTORIC INNS % KENNETH J CEROTZKE PO BOX 5268 ST AUGUSTINE FL 32085-5; 32085-5268687

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