

## 2000 UNIFORM BUSINESS REPORT (UBR)

Amended

090500

DOCUMENT # N99000004692

1. Entity Name

SAMUEL'S HOUSE, INC.

FILED

00 SEP 19 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1511 TRUMAN AVENUE  
KEY WEST FL 33040

Mailing Address

1511 TRUMAN AVENUE  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0951120

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LETO, ELMIRA  
1511 TRUMAN AVENUE  
KEY WEST FL 33040staying the same  
sorry not changing

## 7. Name and Address of New Registered Agent

Name

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

200003409012-4

-09/29/00-01013-021

City

\*\*\*\*\*51.25 FL \*\*\*\*\*51.25

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CORMACK, BRENDA (D)  
STREET ADDRESS 1410 ANGELA STREET  
CITY-ST-ZIP KEY WEST FL 33040TITLE VD ☐ Delete  
NAME RIEDEL, ANN  
STREET ADDRESS 11 CORMORANT LANE  
CITY-ST-ZIP KEY WEST FL 33040TITLE TD ☐ Delete  
NAME SPOTTWOOD, ANDREA  
STREET ADDRESS 42 FLORAL AVENUE  
CITY-ST-ZIP KEY WEST FL 33040TITLE SD ☐ Delete  
NAME MARSTON, LINDA (D)  
STREET ADDRESS 3640 NORTHSIDE DRIVE  
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Linda Marston ☒ Change ☐ Addition  
NAME President (D)  
STREET ADDRESS 3640 NORTHSIDE DR.  
CITY-ST-ZIP KEY WEST, FL 33040TITLE Vice President ☐ Change ☐ Addition  
NAME Steven Smith (D)  
STREET ADDRESS P.O. Box 4493  
CITY-ST-ZIP Key West, FL 33041TITLE Secretary ☒ Change ☐ Addition  
NAME Sandy Higgs (D)  
STREET ADDRESS 801 Key Highway  
CITY-ST-ZIP Key West, FL 33040TITLE Treasurer ☒ Change ☐ Addition  
NAME Brenda Cormack (D)  
STREET ADDRESS 1410 Angela St  
CITY-ST-ZIP Key West, FL 33040TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

KE

9/1/00 305-296-0240