

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 319470****1. Entity Name**
CEDAR KEY FISH & OYSTER COMPANY OF HOMOSASSA, IN**Principal Place of Business****Mailing Address****5590 S BLVD DRIVE
HOMOSASSA FL 34487
US****P.O. BOX 407
HOMOSASSA FL 34487
US****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 59-1195421

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****WALLACE, BETTY JO
5410 SOUTH MAGNOLIA
HOMOSASSA FL 34448****7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	WALLACE, BETTY JO	
STREET ADDRESS	5410 SOUTH MAGNOLIA	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMPTON, MICHAEL W	
STREET ADDRESS	5410 S. MAGNOLIA	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMPTON, JOAN	
STREET ADDRESS	YULEE AVE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Betty Jo Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY JO WALLACE 1/8/01 352-628-2452

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90081 017 ***150.00

80003484

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)