

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 15, 2000 8:00 am
Secretary of State

03-31-2000 90077 033 ***150.00

DOCUMENT # 429714

1. Entity Name

NEPTUNE INN. INC.

Principal Place of Business

**2310 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

Mailing Address

**2310 ESTERO BLVD.
FT. MYERS BEACH FL 33931-3221**

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 **59-1051904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNGBLOOD, R. I.
2310 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, JENNIFER	
STREET ADDRESS	4218 CARROLLTON AVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PRICE, CHRIS	
STREET ADDRESS	662 HARBOR CREEK DRIVE	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRICE, SELDON W	
STREET ADDRESS	BOX 340	
CITY-ST-ZIP	WHITESBURG KY	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNGBLOOD, ROBERT I	
STREET ADDRESS	2310 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CHRISTOPHER	
STREET ADDRESS	7552 WATDOWN BLVD STE 1W	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erickson, Jennifer	
STREET ADDRESS	307 Woodland Dr.	
CITY-ST-ZIP	Birmingham, AL 35209	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Price, Scott	
STREET ADDRESS	597 Prices Mill Rd	
CITY-ST-ZIP	Adairsville, KY 42202	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Youngblood, Robert Jr.	
STREET ADDRESS	26307 Hickory Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leach, Melanie	
STREET ADDRESS	908 Calhoun Circle	
CITY-ST-ZIP	Lexington, KY 40513	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Christopher	
STREET ADDRESS	#8 Ladue Crest Lane	
CITY-ST-ZIP	Ladue, MO 63124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Robert I. Youngblood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00 941-463-6141

Date

Daytime Phone #

CR2E034 (9/99)