

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90119 006 ***158.75

DOCUMENT # H48564

1. Entity Name

STORYBOOK COTTAGE, INC.

Principal Place of Business

Mailing Address

~~RT. 5 BOX 97~~ 3800 CRILL AVE
PALATKA FL 32909
32177

~~145 LEWIS POINT RD~~
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

3800 CRILL AVE
Suite, Apt. #, etc.

7 CONTERA DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2504206

Applied For

Not Applicable

Zip

Country

32177 USA

Zip

Country

32084 USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAMM, JEFFREY H.
7 CONTERA DR.
ST AUGUSTINE FL 32084

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAMM, JEFFREY H.	
STREET ADDRESS	7 CONTERA DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KAMM, BABETTE A.	
STREET ADDRESS	3021 BISHOP ESTINE DR	
CITY-ST-ZIP	JAX FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, JOYCE	
STREET ADDRESS	RT 5 BOX 94	
CITY-ST-ZIP	PALATKA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, HERB	
STREET ADDRESS	RT 5 BOX 97	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI L KAMM	
STREET ADDRESS	7 CONTERA DR.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 recipient 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY H. KAMM 4/11/00 904-471-3435

CR2E034 (9/99)