

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H73956**

1. Entity Name

THE INN AT CAMACHEE HARBOR, INC.

Principal Place of Business

C/O INN AT CAMACHEE HARBOR
201 YACHT CLUB DRIVE
ST. AUGUSTINE FL 32095
US

Mailing Address

C/O GORDON BERG
201 YACHT CLUB DRIVE
ST. AUGUSTINE FL 32095
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32084

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
32084

Country

4. FEI Number **59-2587813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERG, CAROL W.
3410 LANDS END DRIVE
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name **Berg, Carol W.**
Street Address (P.O. Box Number is Not Acceptable)
9470 Heckscher Dr.
City **Jacksonville** FL Zip Code **32226**

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, 2002 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 **PTD** ☐ Delete
NAME **BERG, CAROL**
STREET ADDRESS **3410 LANDS ENDS DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **VD** ☐ Delete
NAME **BERG, GORDON**
STREET ADDRESS **3410 LANDS ENDS DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **VSD** ☐ Delete
NAME **BERG, LAWRENCE**
STREET ADDRESS **201 YACHT CLUB DRIVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90057 026 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1/6/2 **9048250003**
Daytime Phone #