

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90094 011 ***550.00

DOCUMENT # J73814

1. Entity Name

INN BETWEEN RESTAURANT, INC.

Principal Place of Business

431 BEACH ROAD
 SARASOTA FL 34242-1944
 US

Mailing Address

431 BEACH ROAD
 SARASOTA FL 34242-1944
 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

65-0030480

Applied For

Not Applicable

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

PFLUGNER, J. GEOFFREY
 2033 MAIN STREET, SUITE 101
 SARASOTA FL 34237

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	SD	<input type="checkbox"/> Delete
NAME	ROMANO, CARMEN	
STREET ADDRESS	432 BEACH RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CANCRO, MANUEL	
STREET ADDRESS	432 BEACH RD	
CITY-ST-ZIP	SARASOTA FL 34242	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JOHN B. CRAVENS PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	150 DADE AVE	
STREET ADDRESS	SARASOTA FL 34232	
CITY-ST-ZIP		
TITLE	CLEO ROSALES SBC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2602 N. ADRIAN HWY	
STREET ADDRESS	ADRIAN MI	
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		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00 941-350-5138

Date

Daytime Phone #

0:14 (5/00)