

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74821

1. Entity Name

INN ON THE BAY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90006 038 ***550.00

UUU00404



DO NOT WRITE IN THIS SPACE

Principal Place of Business
305 S. DUNCAN AVE.
CLEARWATER FL 34615

Mailing Address
305 S. DUNCAN AVE.
CLEARWATER FL 33755-6415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124856**
Applied For ☐ Not Applicable ☐

Zip Country Zip Country

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

BROWDER, DAVID JR.
305 S. DUNCAN AVENUE
CLEARWATER FL 34615

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 _____ (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	VP	<input type="checkbox"/> Delete
NAME	BROWDER, DAVID, JR.	
STREET ADDRESS	305 S. DUNCAN AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	REEDER, PATRICIA R.	
STREET ADDRESS	1075 JACKMAR ROAD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEZIONALE, CAROLINE	
STREET ADDRESS	324 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEZIONALE, EDOUARD M	
STREET ADDRESS	324 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL 33770	
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		<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: _____ Date: **5/31/00** Daytime Phone # _____

CR2E034 19/99