

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L89216

1. Entity Name:

FLORIDA HOUSE INN, INC

FILED

01 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

20+22 So. 3rd St. PO Box 688
FERNANDINA BCH FL 32034

2. Principal Place of Business

3. Mailing Address

20+22 So 3rd St. PO Box 688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERNANDINA BCH, FL

City & State

FERNANDINA BCH

4. FEI Number

65-0201735

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32035

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY R ESQ.
300 CENTRE ST. SUITE 200
FERNANDINA BCH, FL 32034

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: WESLEY R POOLE

Wesley R Poole

5-11-2001

(Signature, typed or printed name of registered agent and title if applicable)

(NOT) 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-1-2001 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	PRES	<input type="checkbox"/> Delete
NAME	ROBERT C. WARNER	
STREET ADDRESS	22 SI. 3RD ST.	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	SEC/TREAS	<input type="checkbox"/> Delete
NAME	KAREN L. WARNER	
STREET ADDRESS	22 SI. 3RD ST.	
CITY-ST-ZIP	FERNANDINA BCH, FL 32034	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Robert C Warner, Pres.

4/24/01 (904) 261-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)