

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90013 029 ****61.25

DOCUMENT # N24770

1. Entity Name

ISAIAH'S INN, INC.

Principal Place of Business

**1219 FRANKLIN CIRCLE
 C/O ROBERT E. CROWN
 CLEARWATER FL 34616-5815-33756
 US**

Mailing Address

**1219 FRANKLIN CIRCLE
 C/O ROBERT E. CROWN
 CLEARWATER FL 33756-5815
 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

65-0026424

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

**CROWN, ROBERT E.
 1219 FRANKLIN CIRCLE
 CLEARWATER FL**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CROWN, ROBERT E.**
 CITY-ST-ZIP **1219 FRANKLIN CIRCLE
 CLEARWATER FL 33756**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WICKMAN, CARL V.,**
 CITY-ST-ZIP **899 BAY ESPLANADE
 CLEARWATER FL 33767**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RINARD, PATRICK W.**
 CITY-ST-ZIP **201 HOWARD DR.
 BELLEAIR BEACH FL 33785**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BRATTON, GARY R**
 CITY-ST-ZIP **711 75TH AVE N.
 ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **James Dodson**
 CITY-ST-ZIP **427 Buttonwood Lane
 Largo, FL 33770**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CROWN, RONALD C**
 CITY-ST-ZIP **2 SEASIDE LN #104
 BELLEAIR FL 33756**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

1/18/00 727 446 3091

CR2E037 (9/99)