

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 004 ****61.25

DOCUMENT # N24770

1. Entity Name

ISAIAH'S INN, INC.

Principal Place of Business

Mailing Address

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

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

33756-5815

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

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

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

TITLE D
 NAME WICKMAN, CARL V.
 STREET ADDRESS 7 MIDWAY ISLAND
 CITY-ST-ZIP CLEARWATER, FL 33767 ☒ Change ☐ Addition

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

TITLE D
 NAME RINARD, PATRICK W.
 STREET ADDRESS 801 OSCEOLA ROAD
 CITY-ST-ZIP BELLEAIR, FL 33756 ☒ Change ☐ Addition

TITLE D
 NAME DODSON, JAMES
 STREET ADDRESS 427 BUTTONWOOD LANE
 CITY-ST-ZIP LARGO FL 33770 ☐ Delete

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

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

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED Robert E. Crown, P/D

1/8/01

727/446-3091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (10/00)

0063149