

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90112 045 \*\*\*\*61.25

**DOCUMENT # N27559**

1. Entity Name

**INN ROUTE, INC.**

Principal Place of Business

12971 SE CR 42  
WEIRSDALE FL 32195  
US

Mailing Address

PO BOX 624  
WEIRSDALE FL 32195  
US

2. Principal Place of Business

**811 Zephyr Street**

Suite, Apt. #, etc.

3. Mailing Address

**811 Zephyr Street**

Suite, Apt. #, etc.

City & State

**Inverness, FL**

City & State

**Inverness, FL**

4. FEI Number

**65-0145795**

Applied For

Not Applicable

Zip  
**34450**

Country  
**U.S.**

Zip  
**34450**

Country  
**U.S.**

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

**OVERCASH, BRANTLEY C.**  
**12971 SE CR 42**  
**WEIRSDALE FL 32195**

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 **DT** ☐ Delete  
NAME **OVERCASH, BRANTLEY C**  
STREET ADDRESS **12971 SE CR 42**  
CITY-ST-ZIP **WEIRSDALE FL 32195**

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

TITLE **DP** ☒ Delete  
NAME **ROBINS, RAY**  
STREET ADDRESS **4193 WEST SCENIC, 30A**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **DS** ☐ Delete  
NAME **FAWLECK, CAVELE**  
STREET ADDRESS **940 TILDENVILLE SCHOOL RD**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE **DVP** ☐ Delete  
NAME **BRUCE, MARTHA**  
STREET ADDRESS **635 BAY STREET NORTHEAST**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

TITLE **DP** ☐ Delete  
NAME **PATTY RICHARDS**  
STREET ADDRESS **201 W. Broadway**  
CITY-ST-ZIP **Everglades City, FL 34139**

TITLE ☐ Change ☒ Addition  
NAME **Patty Richards**  
STREET ADDRESS **201 W. Broadway**  
CITY-ST-ZIP **Everglades City, FL 34139**

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: **Brantley C. Overcash** **Brantley C. Overcash**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02** **352-821-1887**

Date

Daytime Phone #

CR2E037 (9/01)