

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90020 013 ****61.25

DOCUMENT # N27559

1. Entity Name

INN ROUTE, INC.



Principal Place of Business

**811 ZEPHYR STREET
INVERNESS FL 34450
US**

Mailing Address

**811 ZEPHYR STREET
INVERNESS FL 34450
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 **65-0145795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARY ANN WIGMORE**

Street Address (P.O. Box Number is Not Acceptable)

811 ZEPHYR ST

City

INVERNESS

FL

Zip Code

34450

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MARY ANN Wigmore, Treas

Mary Ann Wigmore

4/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	OVERCASH, BRANTLEY C	
STREET ADDRESS	12971 SE CR 42	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, PATTY	
STREET ADDRESS	201 W BROADWAY	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAWLACK, CAVELLE	
STREET ADDRESS	940 TILDENVILLE SCHOOL RD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BRUCE, MARTHA	
STREET ADDRESS	635 BAY STREET NORTHEAST	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN WIGMORE	
STREET ADDRESS	811 ZEPHYR ST	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN FOWLER	
STREET ADDRESS	PO BOX 789	
CITY-ST-ZIP	STEINHATCHEE, FL 32359	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA REGISTER	
STREET ADDRESS	PO BOX 1209	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUCK MCCORMICK	
STREET ADDRESS	519 Harbor Dr	
CITY-ST-ZIP	VENICE, FL 34285	
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		

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:

Mary Ann Wigmore

4/29/03

**352-
637-3104**

CR2E037 (10/02)