

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000857

1. Entity Name

JESSIE PORTER'S HERITAGE HOUSE & ROBERT FROST CO

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90079 010 \*\*\*\*61.25

Principal Place of Business

410 CAROLINE ST  
KEY WEST FL 33040

Mailing Address

410 CAROLINE ST  
KEY WEST FL 33040-6502

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

65-0673854

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

MILLS, PAUL S  
6200 2ND ST  
KEY WEST FL 33040

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

*Paul S. Mills* Paul S. Mills

2/8/00

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	D	<input type="checkbox"/> Delete
NAME	POIRIER, JEANE P	
STREET ADDRESS	410 CAROLINE ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLUMB, LAFE	
STREET ADDRESS	3540 EAGLE AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, POIRIER	
STREET ADDRESS	410 CAROLINE ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	<i>Joe Laino</i>	<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	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE LAINO	
STREET ADDRESS	1221 VARELA ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE CAMPBELL	
STREET ADDRESS	2404 STABLES AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
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		
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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

(205) 292-3163

Daytime Phone #

CR2E037 (9/99)