

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000003953**

1. Entity Name

**ROSEMARY'S BARRIER FREE COUNTRY INN, INC.****FILED****May 22, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90112 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3315 W HORATIO ST  
APT 112  
TAMPA FL 33609  
US3315 W HORATIO ST  
APT 112  
TAMPA FL 33609-4911  
US

2. Principal Place of Business

3. Mailing Address

*3315 W Horatio St.**3315 W Horatio St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Apt. 119**Apt. 119*

City &amp; State

City &amp; State

*Tampa, FL**Tampa, FL*

Zip

Zip

*33609**33609-4911*

Country

Country

*US**US*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEMARY, ELLIS  
3315 W HORATIO ST  
APT 112  
TAMPA FL 33609

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

*Rosemary Ellis**Rosemary Ellis*

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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TRES 5216 MAPLE HILL DR. TAMPA FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON POLK 211 North Hesperides St. Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORE, JOHN 9201 RIVERCOVE DRIVE RIVERVIEW FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Renje 13029 Royal George Ave. Odessa FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROTHEROE, MARY LOU 4227 BAY VISTA TAMPA FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rosemary ELLIS 3315 W. HORATIO ST, Apt. 119 Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, JOHN 3009 GROVEWOOD COURT UNIT E TAMPA FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JOE 3201 TAMPA BAY BLVD. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rosemary Ellis* **ROSEMARY ELLIS***APRIL 14, 2000* **813 8782104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)