2001	UNIFORM BUSI	NESS REPO	RT	(UBF	R)		FILEI)			
DOCUMENT # N9500003953 L Entity Name ROSEMARY'S BARRIER FREE COUNTRY INN, INC.						Apr 26, 2001 08:00 AM Secretary of State					
Principal Place 3315 W HORAT APT 119 TAMPA 33609		Mailing Address 3315 W HORATIO ST APT 119 TAMPA 33609	us	- FL	<u> </u>						
 Principal Plant Suite, Apt. 4 	3. Mailing Address Suite, Apt. #, etc.					DO NOT WRIT	F IN THIS	SPACE			
City & State	,	City & State			4. FE! Number Applied For 59-3414398 Not Applied For]	
Zip	Country	Zíp	Cour			5. Certificate of Status Desired X \$8.79 Fee Re			\$8.75 Add Fee Required	litional	
6. Name and Address of Current Registered Agent ROSEMARY ELLIS 3315 W HORATIO ST APT 112				7. Name and Address of New Registered Agent Name ROSEMARY ELLIS PRESIDE Street Address (P.O. Box Number is Not Acceptable) 3315 W HORATIO ST							
TAMPA FL 33609 US				APT 119 City TAMPA				FL	FL Zip Code		
SIGNATURE _	ROSEMARY ELLIS, I Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25	PRESIDENT	Registered	d Agent signatu	re required	when reinstating) O May Be I to Fees	Make	04/26 DATE	6/2001 Payable to		
10.	OFFICERS AND DIR	ECTORS	11.			ADDITIONS (CH	ANGES TO OFFICER	SC AND D	IDECTORS IN	10	-
TITLE VAME STREET ADDRESS DITY-ST-ZIP	OTTICEAS AND DIA	Delete	TITLE NAM: STRE	I	P ELLIS	ROSEM	IARY PRESIDE	FL	Change	X Addition	5037 (11/00)
TITLE VAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ JOE 3201 TAMPA BAY BLVD. TAMPA	☐ Delete		I			-		☐ Change	☐ Addition	CR2E03
ITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS JOHN 3009 GROVEWOOD COURT UNIT E TAMPA	□ Delete		l	D MCGF PO BC TAMP	X 6461	ERLY SECRETA	FL	№ Change 33608	∏ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROTHEROE MARY LOU 4227 BAY VISTA TAMPA	☐ Delete			DO POLK 211 NO TAMP	ORTH HESPERI		FL	№ Change 33609	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORE JOHN 9201 RIVERCOVE DRIVE RIVERVIEW	☐ Delete			•		 ,		Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D SMITH TRES 5216 MAPLE HILL DR. TAMPA	☐ Delete		}					☐ Change	☐ Addition	•

12. I hereby certify that the information supplied with this filling 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

04/26/2001