

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003583

1. Entity Name

MIRIAM'S HOUSE, INC.

Principal Place of Business

6224 E. KING LANE
INVERNESS FL 34452

Mailing Address

6224 E. KING LANE
INVERNESS FL 34452

2. Principal Place of Business

6224 E KING LANE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness FL

City & State

Zip

34452

Country

Citrus

Country

4. FEI Number

59-3586104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, KAREN T
6224 E. KING LANE
INVERNESS FL 34452

7. Name and Address of New Registered Agent

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

TITLE D
NAME BASS, KAREN T
STREET ADDRESS 6224 E. KING LANE
CITY-ST-ZIP INVERNESS FL 34452

☐ Delete

TITLE D
NAME BASS, NORMAN
STREET ADDRESS 6224 E. KING LANE
CITY-ST-ZIP INVERNESS FL 34452

☐ Delete

TITLE D
NAME SPANGLES, PAULETTE
STREET ADDRESS 9130 E. BELLA VISTA COURT
CITY-ST-ZIP FLORAL CITY FL 34436

☐ Delete

TITLE D
NAME RANDLETT, JOAN
STREET ADDRESS P. O. BOX 3323
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

☐ Delete

TITLE D
NAME ECKSTEIN, CATHY
STREET ADDRESS 4018 S. OAKHURST DRIVE
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34446

☐ Delete

TITLE D
NAME AWE, JUDY
STREET ADDRESS 3757 E SIDE COURT
CITY-ST-ZIP INVERNESS FL 34453

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Karen T Bass* KAREN T BASS, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 (352) 860-1217

Date

Daytime Phone #

CR2E037 (10/00)

0078531