

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90015 017 ****61.25

0087398

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586104

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Karen Bass

1-13-02

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

TITLE Change Addition
 NAME *KATHY Rollins*
 STREET ADDRESS *1725 E Fletcher ST*
 CITY-ST-ZIP *Hernando FL 34442*

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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:

Karen Bass
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/02 (352) 860-1217
 Date Daytime Phone #

CR2E037 (9/01)