

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90108 036 *****70.00

000654

DOCUMENT # N99000004692

1. Entity Name

SAMUEL'S HOUSE, INC.



Principal Place of Business

**1614 TRUESDELL CT
KEY WEST FL 33040**

Mailing Address

**1614 TRUESDELL CT
KEY WEST FL 33040**

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 **65-0951120**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LETO, ELMIRA
1511 TRUMAN AVENUE
KEY WEST FL 33040**

Name **Leto ELMIRA**

Street Address (P.O. Box Number is Not Acceptable)

1614 Truesdell Ct

City **Key West**

FL Zip Code **33040**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CORMACK, BRENDA**
STREET ADDRESS **1410 ANGELA STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **MARSTON, LINDA**
STREET ADDRESS **3640 NORTHSIDE DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
NAME **HERNANDEZ, MYRA**
STREET ADDRESS **2832 STAPLES AVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **Director** ☒ Change ☐ Addition
NAME **myra Hernandez**
STREET ADDRESS **2832 Staples Ave**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **VD** ☐ Delete
NAME **HIGGS, SANDY**
STREET ADDRESS **80 KEY HAVEN RD.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **BAZO, SANDI**
STREET ADDRESS **8 SHORE AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **FITZGERALD, ELLAN**
STREET ADDRESS **42 ALLAMANDA TERRACE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **KIAN FITZGERALD**
STREET ADDRESS **42 Allamanda Terrace**
CITY-ST-ZIP **Key West, FL 33040**

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: **ELMIRA L. Leto** **8/11/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ELMIRA L. Leto Administrator 305-296-0240**

CR2E037 (4/03)