

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90168 049 \*\*\*150.00

**DOCUMENT # P0000062115**  
 1. Entity Name  
**FARAWAY INN, INC.**

Principal Place of Business  
**847 3RD ST  
 CEDAR KEY FL 32625**

Mailing Address  
~~P.O. BOX 970~~  
~~CEDAR KEY FL 32625-0970~~



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**P O Box 46**  
 Suite, Apt. #, etc.  
 City & State  
**Cedar Key, Fl**  
 Zip  
**32625**  
 Country  
**USA**

4. FEI Number  
**59-3664158**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~BAUER, OLIVER~~  
~~52 SECOND STREET~~  
~~APARTMENT STREET~~  
~~CEDAR KEY FL 32625-0370~~

7. Name and Address of New Registered Agent  
 Name  
**Causey, Kathryn F**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12421 SR 24**  
 City  
**Cedar Key** **FL** Zip Code  
**32625**

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 *Kathryn F Causey* DATE 4/27/02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAUER, OLIVER</b> <b>52 SECOND ST., APT. T-3</b> <b>CEDAR KEY FL 32625-0370</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BAUER, DOREEN</b> <b>52 SECOND ST., APT. T-3</b> <b>CEDAR KEY FL 32625-0370</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Bauer, Oliver</b> <b>847 3rd St</b> <b>Cedar Key, Fl 32625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Bauer, Doreen</b> <b>847 3rd St</b> <b>Cedar Key, Fl 32625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>F</b> <b>Causey, Kathryn F.</b> <b>12421 SR 24</b> <b>Cedar Key, Fl 32625</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Kathryn F Causey* **SIGNATURE REQUIRED** DATE 4/27/02 DAYTIME PHONE # CPA + TR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)