

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116596

1. Entity Name  
WINDY CITY INN, INC.

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91625 026 \*\*\*150.00

Principal Place of Business  
2425 S.W. 135TH STREET  
OCALA FL 34473

Mailing Address  
2425 S.W. 135TH STREET  
OCALA FL 34473

36854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3760251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBSON, SCRIBNER & STEWART, P.A.  
307 N.E. 36TH AVE.  
SUITE #1  
OCALA FL 34470

Name RICHARD CLOTFELTER

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

2425 SW 135TH ST

City Ocala FL.

FL

Zip Code

34473

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

*Richard W Clotfelter*

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLOTFELTER, RICHARD	
STREET ADDRESS	2425 S.W. 135TH STREET	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLOTFELTER, MICHAEL	
STREET ADDRESS	2425 S. W. 135TH STREET	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PITTAS, MARGARET	
STREET ADDRESS	2425 S. W. 135TH STREET	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard W Clotfelter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

352 347-1130

Date

Daytime Phone #

CR2E034 (9/01)