

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90025 041 \*\*\*150.00

**DOCUMENT # P93000082411**

1. Entity Name

**NANCY'S WILLIAM STREET GUESTHOUSE, INC.**

Principal Place of Business

329 WILLIAM ST.  
 KEY WEST FL 33040

Mailing Address

801 EATON ST.  
 KEY WEST FL 33040-6920

00016660

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P O Box 6086

Suite, Apt. #, etc.

City & State

City & State

Key West, Florida

Zip

Country

Zip

Country

33040-6086 USA

4. FEI Number 59-3223867

Applied For  
☐ Not Applicable

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

CHODZIN, NANCY H  
 801 EATON ST.  
 KEY WEST FL 33040

Name Nancy H. Chodzin

Street Address (B.O. Box Number is Not Acceptable)  
 329 William Street

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D ☐ Delete  
 NAME CHODZIN, NANCY H  
 STREET ADDRESS 801 EATON ST.  
 CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ \*  
 NAME NANCY H. CHODZIN  
 STREET ADDRESS 329 William Street  
 CITY-ST-ZIP Key West, FL 33040

TITLE D ☒ Delete  
 NAME CHODZIN, MICHAEL S  
 STREET ADDRESS 801 EATON ST.  
 CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
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TITLE ☐ Change ☐ \*  
 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 305 292 3334  
 Date Daytime Phone #