

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087895

1. Entity Name

CROSSROAD INN, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90048 019 ***150.00

Principal Place of Business

Mailing Address

3095 ST ROAD 68
OKEECHOBEE FL 34972

686 3RD PLACE
VERO BEACH FL 32962-3637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0580496

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

HIERS, BOBBY J
686 3RD PLACE
VERO BEACH FL 32962

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

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	P	<input type="checkbox"/> Delete
NAME	GIANOTTI, SHELLY	
STREET ADDRESS	686 3RD PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOWLER, KELLY	
STREET ADDRESS	686 3RD PLACE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTZ, PAMELA	
STREET ADDRESS	2203 E. OCEAN OAKS LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCKENHALL, STACY	
STREET ADDRESS	715 36TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIERS, BOBBY J	
STREET ADDRESS	1095 MORNINGSIDE DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
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
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)