

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089839

1. Entity Name

SWEET MAGNOLIA INN, INC.

Principal Place of Business

803 PORT LEON DR
ST MARKS FL 32355

Mailing Address

PO BOX 335
ST MARKS FL 32355

2. Principal Place of Business

803 PORT LEON DRIVE

3. Mailing Address

P.O. Box 335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. MARKS, FL

City & State

ST. MARKS, FL

Zip

32355

Country

FLORIDA

Zip

32355

Country

FLORIDA

6. Name and Address of Current Registered Agent

CAMPBELL, KENNETH R
PO BOX 266
803 PORT LEON DR
ST MARKS FL 32355

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P CAMPBELL, KENNETH R PO BOX 266, 803 PORT LEON DR ST MARKS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, MARY ANN PO BOX 266, 803 PORT LEON DR ST MARKS FL	<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
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		<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
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:

SIGNATURE REQUIRED
KENNETH R. CAMPBELL, PRESIDENT

8-9-00 850-925-7670

Date

Daytime Phone #

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

08-10-2000 90008 003 ***550.00

00078034



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3357386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required