

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091011

1. Entity Name

THE COTTAGE HOUSE, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90632 029 ***150.00

Principal Place of Business

~~1010 BEACH BLVD~~
~~JAX BCH FL 32250~~
US

1853 EDGEWOOD AVE. S.
JACKSONVILLE, FL 32205

Mailing Address

~~800 OCEANFRONT~~
~~NEPTUNE BEACH FL 32205-9129~~
US

2. Principal Place of Business

1853 EDGEWOOD AVE. S.

3. Mailing Address

1853 EDGEWOOD AVE. S.

Suite, Apt. #, etc.

~~Suite, Apt. #, etc.~~

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3350465

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDADE, LEE A
~~800 OCEANFRONT~~
~~NEPTUNE BEACH FL 32206~~

1853 EDGEWOOD AVE. S.
JACKSONVILLE, FL
32205

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	PT	<input type="checkbox"/> Delete
NAME	LEE ANNE MACDADE	
STREET ADDRESS	800 OCEANFRONT	
CITY-ST-ZIP	1853 EDGEWOOD AVE. S. JACKSONVILLE, FL 32205	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WILLIAM H. MACDADE 111	
STREET ADDRESS	800 OCEANFRONT	
CITY-ST-ZIP	1853 EDGEWOOD AVE. S. JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1853 EDGEWOOD AVE. S.	
STREET ADDRESS	JACKSONVILLE, FL 32205	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1853 EDGEWOOD AVE. S.	
STREET ADDRESS	JACKSONVILLE, FL 32205	
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		
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:

William H. MacDade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)