

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006280

1. Entity Name

THE LARK INN, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90082 038 \*\*\*150.00

Principal Place of Business

Mailing Address

37438 MERIDIAN AVE.  
DADE CITY FL 33525

POST OFFICE BOX 1474  
DADE CITY FL 33526-1474

2. Principal Place of Business

37438 Meridian Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1474

Suite, Apt. #, etc.

City & State

DADE City

Zip

33525

Country

PASCO

City & State

DADE City

Zip

33526-1474

Country

PASCO

4. FEI Number

59-3454293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARKIN, GORDON R  
37438 MERIDIAN AVENUE  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Josephine LEE LARKIN

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

37438 Meridian Avenue

City

DADE City

FL

Zip Code

33525

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

4-25-00

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

TITLE D  
NAME LARKIN, GORDON R  
STREET ADDRESS POST OFFICE BOX 1474  
CITY-ST-ZIP DADE CITY FL 33526-1474 ☐ Delete

TITLE D  
NAME LARKIN, JOSEPHINE LEE  
STREET ADDRESS POST OFFICE BOX 1474  
CITY-ST-ZIP DADE CITY FL 33526-1474 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-25-00 (352-)  
567-5143

CR2E034 (9/99)