AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-08-2000 90073 010 ****61.25
03-31-2000 90107 002 ****88.75

DOCUMENT # P97000027376

1. Entity Name

STEINHATCHEE RIVER INN, INC.

Principal Place of Business	Mailing Address
...: OFFICE BOX 828 ...ee FL 32359	POST OFFICE BOX 828 STEINHATCHEE FL 32359-0828

819941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 Riverside Dr Hwy 51 N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Steinhatchee, Fl	City & State
Zip: 32359 / Country	Zip / Country

4. FEI Number 59-3450802 ☐ 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
FOWLER, LORETTA 1111 RIVERSIDE DR. STEINHATCHEE FL 32359	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 filing requirement and elects to do so. (see criteria on back) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST FOWLER, LORETTA 1111 RIVERSIDE DR. HWY 51 N STEINHATCHEE FL 32359 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, LORETTA 1111 RIVERSIDE DR. HWY 51 N STEINHATCHEE FL 32359 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Richard Zimmer 1111 Riverside Dr Steinhatchee, Fl 32359 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Nancy Zimmer 1111 Riverside Drive Steinhatchee, Fl 32359 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (8/98)

12. 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: Loretta P Fowler LORETTA P. FOWLER 2/5/00 352-498-9099
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #