

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108773

1. Entity Name

CALVERT'S, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90217 020 ***150.00

Principal Place of Business

11990 SR 24
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 46
CEDAR KEY FL 32625

00063413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3494597

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

CAUSEY, KATHRYN F

6052 D ST
CEDAR KEY FL 32625

Name

Causesy, Kathryn F
Street Address (P.O. Box Number is Not Acceptable)

12421 SR 24

Cedar Key FL

FL

Zip Code 32625

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]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 VTD
NAME CALVERT, DOUGLAS G
STREET ADDRESS 11990 SR 24
CITY-ST-ZIP CEDAR KEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PSD
NAME CALVERT, NENA D
STREET ADDRESS 11990 SR 24
CITY-ST-ZIP CEDAR KEY FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE D
NAME WALKER, HEATHER C
STREET ADDRESS 11990 SR 24
CITY-ST-ZIP CEDAR KEY FL

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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

352-543-6271

Daytime Phone #

CR2E034 (10/00)