

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90230 002 \*\*\*158.75

**DOCUMENT # P98000062823**

1. Entity Name

**WILLIE'S SUMMER HOUSE, INC.**

Principal Place of Business

Mailing Address

ST. IDE RD  
CITY FL 33525

PO BOX 995  
DADE CITY FL 33526-0995

2. Principal Place of Business

3. Mailing Address

**36716 ST. JOE ROAD**

**36716 ST. JOE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DADE CITY FL**

City & State

**DADE CITY FL**

4. FEI Number

**APPLIED FOR**

**59-3527846**

Applied For

Not Applicable

Zip

**33525**

Country

**PASCO**

Zip

**33525**

Country

**PASCO**

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

**HUCKABAY, BARBARA**  
**36716 ST. IDE RD**  
**DADE CITY FL 33525**

Name

**LARRY L. COLE**

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

**4125 S. MACDILL AVE**

City

**TAMPA**

**FL**

Zip Code  
**33611**

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

**LARRY L. COLE**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HUCKABAY, BARBARA**  
STREET ADDRESS **36716 ST. JOE ROAD**  
CITY-ST-ZIP **DADE CITY FL 33525** **DPST**

TITLE **LARRY COLE D VP** ☐ Change ☒ Addition  
NAME **LARRY COLE**  
STREET ADDRESS **4125 S. MACDILL AVE**  
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**Barbara Huckabee**

**4/29/00**

Date

**352-567-6180**

Daytime Phone #

CR2E034 (9/99)