

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095793

1. Entity Name

ROOM WITH A VIEW, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90217 028 ***150.00

Principal Place of Business

12830 JERNIGAN AVENUE
CEDAR KEY FL 32625

Mailing Address

P.O. BOX 46
CEDAR KEY FL 32625

60003403



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 **59-3551517**

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 *Kathryn F. Causey*

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

12421 SR 24

Cedar Key

FL

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)

4/22/01

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, 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 ☐ Delete
NAME **PSD BEVERIDGE, SALLY L**
STREET ADDRESS **12830 JERNIGAN AVE**
CITY-ST-ZIP **CEDAR KEY FL 32625**

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

TITLE ☐ Delete
NAME **CAUSEY, KATHRYN F**
STREET ADDRESS ~~6052 D ST.~~ →
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *12421 SR 24*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

CPA (352)543-6271

Daytime Phone #

CR2E034 (10/00)