

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 12, 2003 8:00 am
Secretary of State

04-22-2003 90060 036 ****61.25
05-12-2003 90217 002 ****88.75

DOCUMENT # 291556

1. Entity Name

KEY ROYALE CLUB, INC.



Principal Place of Business

**700 KEY ROYALE DR
HOLMES BCH FL 34217
US**

Mailing Address

**700 KEY ROYALE DR
HOLMES BCH FL 34217
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1142731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUKOW, DORIS
7102-28TH AVE DR W
BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name **Robert Kral**

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

**50 North Shore Dr.
P.O. Box 1193**

City **Anna Maria**

FL

Zip Code
34216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KRAL, ROBERT**
STREET ADDRESS **903 WATERSIDE LN**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **SD** ☐ Delete
NAME **MILLER, ALFRED A**
STREET ADDRESS **684 KEY ROYAL DR**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **TD** ☒ Delete
NAME **MILLER, C.R.**
STREET ADDRESS **6522 11TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34209-4019**

TITLE **VPD** ☒ Delete
NAME **BREWIN, BRUCE**
STREET ADDRESS **606 CRESTWOOD RD**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **D** ☐ Delete
NAME **MILLER, JAN**
STREET ADDRESS **6400 FLOTILLA DR #44**
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

TITLE **VP** ☐ Delete
NAME **HEITMANN, RUTH**
STREET ADDRESS **5805 GARDEN LAKES PALM**
CITY-ST-ZIP **BRADENTON FL 34203**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Robert Kral**
STREET ADDRESS **50 North Shore Dr., P.O. Box 1193**
CITY-ST-ZIP **Anna Maria, FL 34216**

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

TITLE **TD** ☐ Change ☒ Addition
NAME **William P. Anderson**
STREET ADDRESS **1351 Perico Point Cir**
CITY-ST-ZIP **Bradenton, FL 34209**

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

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

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

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 10 or Block 11 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

4/18/03

Date

Day/Time Phone #

CR2034 (10/02)