

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90053 032 \*\*\*150.00

UBR0350

**DOCUMENT # 579011**

1. Entity Name  
**ISLAND HOUSE KEY WEST, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5125  
 DAYTONA BEACH FL 32118  
 US

P.O. BOX 5125  
 DAYTONA BEACH FL 32118  
 US

2. Principal Place of Business

3. Mailing Address

*801 N. Peninsula Dr*

*801 N. Peninsula Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Daytona Beach, FL*

City & State

*Daytona Beach, FL*

4. FEI Number **59-1834330**

Applied For  
 Not Applicable

Zip

Country

*32118*

*Volusia*

Zip

Country

*32118*

*Volusia*

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

**CAMP, JAMES**  
**801 NO. PENINSULA DR.**  
**DAYTONA BEACH FL 32118**

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, L	NAME	
STREET ADDRESS	15 WETMORE ST	STREET ADDRESS	
CITY-ST-ZIP	WARREN P 16365	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, D	NAME	
STREET ADDRESS	35 WILSON ST	STREET ADDRESS	
CITY-ST-ZIP	SHEFFIELD PA 16347	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, JAMES	NAME	
STREET ADDRESS	801 N PENNINSULA DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: James A Camp - James A Camp Date: 4/23/01 386-248-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)