

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704466

1. Entity Name

LARGO SOUND PARK CLUB INC

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90063 009 ****61.25

Principal Place of Business 52 SHORELAND DRIVE KEY LARGO FL 33037	Mailing Address C/O RW ANDERSON 14 JEWFISH AVE. KEY LARGO FL 33037-4712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		C/O GV Chew	
City & State		55 Bonefish Ave	
Zip		Key Largo FL	
Country		33037 Monroe	

4. FEI Number	59-2004839	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ANDERSON, ROBERT 14 JEWFISH AVE. KEY LARGO FL 33037

7. Name and Address of New Registered Agent	
Name	Gerald V. Chew
Street Address (P.O. Box Number is Not Acceptable)	55 Bonefish Ave
City	Key Largo FL
Zip Code	33037

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: Gerald V. Chew, TRCAS. Gerald V. Chew 4-6-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> Delete
NAME	CHEW, GERALD
STREET ADDRESS	55 BONEFISH AVE.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	VD <input type="checkbox"/> Delete
NAME	BLOODWORTH, ROSS
STREET ADDRESS	3 SNAPPER AVE.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	TD <input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT
STREET ADDRESS	14 JEWFISH AVE.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	SD <input type="checkbox"/> Delete
NAME	MCCAFFERTY, CECELIA
STREET ADDRESS	40 JEWFISH AVE.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bloodworth Ros
STREET ADDRESS	3 Snapper Ave
CITY-ST-ZIP	Key Largo FL 33037
TITLE	UP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA DYKES
STREET ADDRESS	45 Snapper Ave
CITY-ST-ZIP	Key Largo FL 33037
TITLE	B/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald V. Chew
STREET ADDRESS	55 Bonefish Ave
CITY-ST-ZIP	Key Largo FL 33037
TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERTY Cecelia
STREET ADDRESS	40 Jewfish Ave
CITY-ST-ZIP	Key Largo FL 33037
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Gerald V. Chew, TRCAS. Gerald V. Chew 4-6-2000 305 451-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)