

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720694

1. Entity Name

KEY LARGO CIVIC CLUB, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90045 009 ****61.25

Principal Place of Business

Mailing Address

209 OCEAN BAY DR
 KEY LARGO FL 33037
 US

P O BOX 1379
 KEY LARGO FL 33037-1379
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0105848

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHER, MARY E
 231 LANCE LANE
 KEY LARGO FL 33037

Name Joyce Harris, Treasurer
 Street Address (P.O. Box Number is Not Acceptable)
169 Ocean Shores Drive
 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 Joyce Harris Joyce Harris Treasurer DATE 3-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, BARBARA	
STREET ADDRESS	1129 GULFSTREAM LANE	
CITY-ST-ZIP	KEY LARGO FL 33070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSMUA, CLAUDIA	
STREET ADDRESS	190 W. AVE. A	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DON	
STREET ADDRESS	169 OCEAN SHORES DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLTANSKI, ALICE	
STREET ADDRESS	150 WESTMIMSTER DR.	
CITY-ST-ZIP	TAVERNIER FL 33-3070	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEGAL, THERESA	
STREET ADDRESS	367 KRANE ST.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOLGAR, PENNY	
STREET ADDRESS	907 NARRAGANSETT #LANE	
CITY-ST-ZIP	KEY LARGO FL 33070	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADD - "President"	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claud Osman	
STREET ADDRESS	190 West Avenue A	
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Dermott	
STREET ADDRESS	Secretary 21 mangrove lane	
CITY-ST-ZIP	Key Largo FL 33037	

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: Joyce Harris DATE 3-8-00 DAYTIME PHONE # 305-451-4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)