

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90009 048 ****61.25

DOCUMENT # 720694

1. Entity Name

KEY LARGO CIVIC CLUB, INC.

Principal Place of Business

Mailing Address

209 OCEAN BAY DR
 KEY LARGO FL 33037
 US

P O BOX 1379
 KEY LARGO FL 33037
 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

65-0105848

Applied For

Not Applicable

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

HARRIS, JOYCE
169 OCEAN SHORES DRIVE
KEY LARGO FL 33037

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

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	P	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, BARBARA	
STREET ADDRESS	1129 GULFSTREAM LANE	
CITY-ST-ZIP	KEY LARGO FL 33070	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROOKS, CHARLES	
STREET ADDRESS	35 PIGEON KEY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATHER, MARY	
STREET ADDRESS	231 LANCE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, JOYCE	
STREET ADDRESS	169 OCEAN SHORES DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEGAL, THERESA	
STREET ADDRESS	367 KEAVE ST.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input type="checkbox"/> Delete
NAME	DERMOTT, CHRIS	
STREET ADDRESS	21 MANGROVE LANE	
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	
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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 empowerments.

SIGNATURE:

Joyce Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)